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V 000	INITIAL COMMENTS An annual survey was completed on January 5, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;	V 113		

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V 113	Continued From page 1 (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on records review and interview, the facility failed to ensure records were complete for 1 of 3 audited clients (#1). The findings are: Review on 1/5/23 of Client #1's record revealed: -Admission date of 6/28/22. -Diagnoses of Severe Intellectual Developmental Disability, Autism Disorder, Unspecified Visual Loss and Allergic Rhinitis, unspecified. -There was no documentation of a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician. Interview on 1/5/23 with the Qualified Professional revealed: -She was responsible for obtaining a signed statement from Client #1 to seek emergency	V 113		

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V 113	Continued From page 2 care. -Client #1 was his own guardian. -There was no consent to seek emergency care.	V 113		
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 reviews and interviews, the facility failed to conduct fire and disaster drills at least quarterly and repeated for each shift. The findings are: Record review on 1/5/23 of the facility's fire drills log for the last 12 months revealed: -There were no fire drills conducted for 1st or 3rd shift on the 1st quarter of 2022. -There were no fire drills conducted for 1st shift on the 2nd quarter of 2022. Record review on 1/5/23 of the facility's disaster	V 114		

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V 114	Continued From page 3 drills log for the last 12 months revealed: -There were no disaster drills conducted for 1st shift on the 1st quarter of 2022. -There were no disaster drills conducted for 3rd shift on the 2nd quarter of 2022. -There were no disaster drills conducted for 1st shift on the 4th quarter of 2022. Interview on 1/5/23 with the Qualified Professional revealed: -Facility operated under three shifts. -All drills conducted were placed inside the Fire and Disaster Drills notebook. -She confirmed staff failed to conduct drills under each shift on each quarter.	V 114		
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;	V 118		

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V 118	Continued From page 4 (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 records reviews and interview the facility failed to: A) Keep the MAR current affecting two of three clients (Client #2 and Client#3) and B) Administer medication as ordered (Client #2). The findings are: Review on 1/5/23 of Client #2's record revealed: -Admission date of 11/9/81. -Diagnoses of Schizophrenia; Intellectual Developmental Disability- Moderate, Asthma, Diabetes Mellitus, Type II. Review on 1/5/23 of Client #2's physician's orders dated 5/31/22 revealed: -Selenium Sulfate Lotion 2.5% (used to treat fungus infection)- Apply one application topically two times a week. Observation on 1/5/23 at 11:25 a.m. of Client #2's medications revealed: -Selenium Sulfate Lotion 2.5% was not available. Review on 1/5/23 of Client #2's MARS for	V 118		

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V 118	Continued From page 5 November 1, 2022 through January 5, 2023 revealed: -November: -MAR was unavailable. -December 2022: -Selenium Sulfate Lotion 2.5% was initialed as administered daily from 12/1-12/31. -January 2023: -Selenium Sulfate Lotion 2.5% was initialed as administered daily from 1/1-1/5. Review on 1/5/23 of Client #3's record revealed: -Admission date of 11/19/18. -Diagnoses of Schizophrenia; Epilepsy; Sickle Cells Disease; Hypertension; Pulmonary Hypertension; Muscle Carnitine Palmitoyl transferase Deficiency; History of Trans Metatarsal Amputation. Review on 1/5/23 of Client #3's physician's orders revealed: -Orders dated 12/13/22: -Metronidazole 500 milligram (mg) (antibiotic)- Crush tablet & sprinkle onto wound only as directed. -Orders dated 12/20/22: -Topiramate 200 mg (anticonvulsant)- Take one tablet every 12 hours. -Neutrogena Bar Cleansing (facial bar)- Use topically twice daily- Day and Night. -Levocarnitine 330 mg (treat lack of carnitine)- Take one tablet three times daily. Observation on 1/5/23 at 11:00 a.m. of Client #3's medications revealed: -Levocarnitine 330 mg was not available. Review on 1/5/23 of Client #3's MARS for November 2022 through January 2023 revealed: -November 2022:	V 118		

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V 118	Continued From page 6 -MAR was unavailable. -December 2022: -Metronidazole 500 mg, blanks from 12/1-12/31. -Levocarnitine 330 mg, marked not available from 12/13-12/31. -January 2023: -Metronidazole 500 mg, blanks from 1/1-1/5. -Topiramate 200 mg, blank 1/1 at 7pm. -Neutrogena Bar Cleansing Bar, blanks 1/1 at 7am and 7pm, 1/2-1/5 at 7am, 1/4 at 7pm. -Levocarnitine 330 mg, marked as given daily from 1/1-1/5. Interview on 1/5/23 with the Qualified Professional revealed: -The Group Home Coordinator was responsible for reviewing the MARs. -Staff at the home were responsible for reviewing client's medications to match the MAR. -Group Home Coordinator for the home had been out for maternity leave. Things may had been relaxed at the house on her absence. -New Group Home Coordinator was to start soon at the house. -Regarding Client #3's Levocarnitine, Client #3 had gone to the hospital and it was prescribed and administered there. When he came out, he came out with the medication. The medication was for his sickle cell. The medication ran out in December (12/13) and they contacted Client #3's regular Physician to renew the medication, but he did not renew the medication. The medication was also never discontinued. They were awaiting Client #3's next medical appointment to review the medication. -She was unaware that staff had made errors on the MAR. She realized there were errors on the MARs when she was pulling them out for surveyors to review. She realized that staff had	V 118		

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V 118	Continued From page 7 left some blanks. -She was unaware that staff had also marked as "administered" medications that were discontinued. -She acknowledged that the facility failed to keep the Medication Administration Record current.	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 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	V 536		

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V 536	Continued From page 8 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; (2) The Division of MH/DD/SAS may review/request this documentation at any time.	V 536		

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V 536	Continued From page 9 (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 instructor training at least every two years. (j) Service providers shall maintain	V 536		

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V 536	Continued From page 10 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 1 of 3 audited staff (Staff #4) had current training in the use of alternatives to restrictive interventions. The findings are: Review on 1/5/23 of Staff #4's personnel file revealed: -Hire date of 10/17/17. -Hired as the Life Skill Instructor (LSI). -Last documented training on Alternatives to Restrictive Intervention expired on 11/30/22. -There was no updated documentation of training	V 536		

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V 536	Continued From page 11 on alternatives to restrictive intervention. Interview on 1/5/23 with the Qualified Professional revealed: -The facility only used alternatives to restrictive intervention. -The facility used the North Carolina Communications De-escalations Interventions (NC-CDI) as its curriculum. -She believed staff had a 30 days grace period to complete training. -Staff #4 had been out of work and on medical leave. -Staff #4 returned to work on 1/1/23. -Staff #4 was scheduled to take the training on 1/6/23. -She confirmed Staff #4 did not have updated documentation of training on alternatives to restrictive intervention.	V 536		