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	MHL098-110	A. BUILDING: _____ B. WING _____	R 01/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 000	INITIAL COMMENTS An annual and follow up survey was completed on January 26, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
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 held at least quarterly and repeated on each shift. The findings are: Review on 01/26/23 of facility records for 2022	V 114		

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V 114	Continued From page 1 revealed: - No 2nd shift fire or disaster drills documented for the 2nd quarter of 2022. - No fire or disaster drills documented for the 3rd quarter of 2022. Interview on 01/25/23 client #1-#3 stated fire and disaster drills had been conducted at the facility. Interview on 01/25/23 and 01/26/23 the Licensee/Qualified Professional stated: - The facility had two 12 hour shifts. - 1st shift - 7am to 7pm. - 2nd shift - 7pm to 7am. - The facility completed fire and disaster drills as required. - The drills may not have been documented however, they had been completed. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.	V 121		

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V 121	Continued From page 2	V 121		

This Rule is not met as evidenced by:
Based on record reviews and interviews the facility failed to obtain drug regimen reviews for 1 of 3 audited clients (#1, #2, and #3) who received psychotropic drugs. The findings are:

Review on 01/26/23 of client #2's record revealed:
- 6 year old male.
- Admission date of 04/26/16.
- Diagnoses of Schizoaffective Disorder, Type 2 Diabetes and Tremor.
- No drug regimen review documented in past 6 months.

Review on 01/26/23 of client #2's daily drug regimen revealed:
- Benztropine (treats Parkinson's Disease symptoms).
- Olanzapine (antipsychotic).
- Vitamin D3 (treats vitamin D deficiency).
- Metformin (treats diabetes).

Interview on 01/25/23 and 01/26/23 the Licensee/Qualified Professional stated:
- The facility used a local pharmacy for prescription medications.
- The local pharmacy completed drug regimen reviews for the clients every 6 months.
- He was not able to locate client #2's 6 month drug regimen review.

This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.

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V 290	Continued From page 3	V 290		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on	V 290		

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V 290	Continued From page 4 duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a clients' treatment or habilitation plan documented the client was capable of remaining in the community without supervision for specified periods of time affecting three of three audited clients (#1-#3). The findings are: Review on 01/26/23 of client #1's record revealed: - 55 year old male. - Admission date of 04/03/15. - Diagnoses of Schizophrenia Disorder, Behavior Disorder, Spinal Stenosis, Cerebral Palsy and Legally Blind. - Treatment plan dated 10/01/22. - No specified time frame documented in the goal for unsupervised time. Review on 01/26/23 of client #2's record revealed: - 6 year old male. - Admission date of 04/26/16. - Diagnoses of Schizoaffective Disorder, Type 2 Diabetes and Tremor. - Treatment plan dated 10/01/22. - No specified time frame documented in the goal for unsupervised time.	V 290		

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V 290	Continued From page 5 Review on 01/26/23 of client #3's record revealed: - 43 year old male. - Admission date of 05/24/04. - Diagnoses of Schizophrenia, Hyperlipidemia, Allergic Rhinitis and Tobacco Abuse. - Treatment plan dated 10/01/22. - No specified time frame documented in the goal for unsupervised time. Interview on 01/26/23 the Licensee/Qualified Professional stated: - All the clients at the facility had unsupervised time in the home and community. - He understood the treatment plans were required to specify the time frames for unsupervised time.	V 290		
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 6	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 7 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 8 (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 9 Based on record reviews and interview the facility failed to ensure 3 of 3 audited staff (#1, #2 and the Licensee/Qualified Professional) received annual training updates in alternatives to restrictive interventions. The findings are: Review on 01/26/23 of staff #1 record revealed: - Hire date 04/30/07. - Crisis Prevention Intervention (CPI) expired 08/08/21. - No current training in alternatives to restrictive interventions. Review on 01/26/23 of the Office Manager's record revealed: - Hire date 7/01/07. - CPI expired 08/08/21. - No current training in alternatives to restrictive interventions. Review on 01/26/23 of the Licensee/Qualified Professional's record revealed: - Hire date 2006. - CPI expired 08/08/21. - No current training in alternatives to restrictive interventions. During interview on 01/26/23 the Licensee/Qualified Professional revealed: - The facility did not utilize restrictive interventions. - He had scheduled CPI training for all staff. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND	V 736		

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V 736	Continued From page 10 EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 01/25/23 at approximately 2:30pm revealed: - The ceiling fan in the living room area had dusty blades. No light bulb cover and a light bulb was missing. - The kitchen ceiling fan had 2 of 3 lights that worked. - Client #2's bedroom door had a crack on the surface. The ceiling fan in his room had dusty blades. - Client #3's bedroom had multiple empty drink cans. - The hallway bathroom had a broken cabinet under the sink. The caulk around the tub had a black substance. 1 of 3 light bulbs worked over the sink. - The linoleum was torn near the refrigerator. The refrigerator was not working. - Client #1 and #5's bedroom had bits of debris on the carpet. Interview on 01/25/23 and 01/26/23 the Licensee/Qualified Professional stated: - The linoleum near the refrigerator was torn when clients moved the appliance.	V 736		

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V 736	Continued From page 11 - The refrigerator was not working. - He would follow up with identified items for repair. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		