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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 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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V 111	Continued From page 1	V 111		

This Rule is not met as evidenced by:
Based on record review and interviews the facility failed to ensure an admission assessment was completed for one of three (#3) clients. The findings are:

Review on 01/25/23 and 01/26/23 of client #3's record revealed:
- 59 year old male.
- Admission date of 08/24/22.
- Diagnoses of Schizophrenia, Bipolar Disorder, Depression, Insomnia and Hypertension.
- FL-2 dated 08/24/22.
- No admission assessment.

Interview on 01/25/23 client #3 stated:
- He had resided at the facility for approximately 4 months.
- He was admitted to the facility because he did not want to attend a day program daily.

Interview on 01/25/23 and 01/26/23 the Licensee/Qualified Professional stated:
- Client #3 was admitted to the facility and was on the sex offender registry.
- Client #3 did not need special supervision.
- A Social Services Representative was client #3's guardian.

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V 111	Continued From page 2 - He was aware an admission assessment was needed for all new admissions.	V 111		
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 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 (#3). The findings are: Review on 01/25/23 and 01/26/23 of client #3's record revealed: - 59 year old male. - Admission date of 08/24/22. - Diagnoses of Schizophrenia, Bipolar Disorder, Depression, Insomnia and Hypertension. - Treatment Plan dated 12/01/22. - No strategies to address client #3's sex offender registry status. Interview on 01/25/23 client #3 stated: - He had resided at the facility for approximately 4 months. - He was admitted to the facility because he did not want to attend a day program daily. - He did not have any specific goals. Interview on 01/26/23 the Licensee/Qualified Professional stated: - He completed the treatment plans for the clients. - Client #3 was on the sex offender registry. - Client #3 had registered with the local county sheriff's department. - He understood client #3's treatment plan should contain strategies to address sex offender registry status.	V 112		
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	V 114		

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V 114	Continued From page 4 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 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	V 114		

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V 114	Continued From page 5 however, they had been completed. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	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; (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.	V 118		

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V 118	Continued From page 6	V 118		

This Rule is not met as evidenced by:
Based on record review, observation and interview the facility failed to administer a medication on the written order of a physician and to ensure the medication administration record was current for two of three clients (#1 and #3). The findings are:

Finding #1:
Review on 01/25/23 and 01/26/23 of client #1's record revealed:
- 59 year old male.
- Admission date 11/10/03.
- Diagnoses of Schizophrenia, Diabetes Type 2, Hypertension and Tobacco Abuse.

Review on 01/25/23 and 01/26/23 of client #1's medication order dated 01/12/23 revealed Ciclopirox cream (antifungal) 0.77% - apply daily for infection.

Review on 01/26/23 of client #1's MAR revealed:
- No transcribed entry for Ciclopirox 0.77%.
- No staff initials to indicate the Ciclopirox 0.77% was administered as ordered.

Interview on 01/25/23 client #1 stated he received his medications daily as ordered.

Finding #2:
Review on 01/25/23 and 01/26/23 of client #3's record revealed:
- 59 year old male.
- Admission date of 08/24/22.
- Diagnoses of Schizophrenia, Bipolar Disorder,

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V 118	Continued From page 7 Depression, Insomnia and Hypertension. Review on 01/25/23 and 01/26/23 of client #3's current drug regimen revealed: - Naproxen (pain reliever). - Lipitor (lowers cholesterol) - Lisinopril (treats high blood pressure). - Olanzapine (antipsychotic). - Trazodone (antidepressant). - Perphenazine (antipsychotic). - Claritin (seasonal allergies). - Zyrtec (seasonal allergies). Review on 01/26/23 of facility records revealed no December 2022 MAR for client #3. Interview on 01/25/23 client #3 stated: - He was admitted to the facility approximately 4 months ago. - He had seen two doctors since admission to the facility. - He received his medications daily as ordered. Interview on 01/26/23 the Licensee/Qualified Professional stated: - Client #1 received his cream daily. - The pharmacy would add Ciclopirox for next month. - He was not able to locate client #3's December 2022. - All clients received their medications as ordered. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 290	27G .5602 Supervised Living - Staff	V 290		

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V 290	Continued From page 8 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 duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of	V 290		

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V 290	Continued From page 9 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 clients (#1, #2 and #3). The findings are: Review on 01/25/23 and 01/26/23 of client #1's record revealed: - 59 year old male. - Admission date 11/10/03. - Diagnoses of Schizophrenia, Diabetes Type 2, Hypertension and Tobacco Abuse. - Treatment plan dated 04/01/21. - No specified time frame documented in the goal for unsupervised time. Review on 01/25/23 and 01/26/23 of client #2's record revealed: - 61 year old male. - Admission date 11/01/17. - Diagnoses of Schizophrenia and Hyperlipidemia. - Treatment Plan dated 10/01/22. - No specified time frame documented in the goal for unsupervised time. Review on 01/25/23 and 01/26/23 of client #3's record revealed:	V 290		

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V 290	Continued From page 10 - 59 year old male. - Admission date of 08/24/22. - Diagnoses of Schizophrenia, Bipolar Disorder, Depression, Insomnia and Hypertension. - Treatment plan dated 12/01/22. - 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 compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based,	V 536		

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V 536	Continued From page 11 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	V 536		

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V 536	Continued From page 12	V 536		

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

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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 interview the facility failed to ensure 3 of 3 audited staff (#1, #2 and the Licensee/Qualified Professional) received

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V 536	Continued From page 14 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 EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL098-109	A. BUILDING: _____ B. WING _____	R 01/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 736	Continued From page 15 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 1:30pm revealed: - The kitchen area was dimly lit. - The library at the front of the facility had a smoke detector which chirped approximately every 35 seconds. - Client #2's bedroom had a smoke detector that chirped approximately every 35 seconds. - A third smoke detector emitted a chirping sound approximately every 35 seconds. Interview on 01/25/23 the Licensee/Qualified Professional stated: - The facility had been remodeled. - The smoke detectors had just started chirping. - He would replace the batteries in the smoke detectors.	V 736		