

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/01/2023
NAME OF PROVIDER OR SUPPLIER THE OVERLOOK		STREET ADDRESS, CITY, STATE, ZIP CODE 205 HAMPTON CHURCH ROAD MURPHY, NC 28906		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow up survey was completed on 2/1/23. 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 4 current clients.	V 000		
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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement treatment strategies to address client needs for 1 of 4 audited clients (Client #3). The findings are:</p> <p>Observation of Client #3 on 1/24/23 at 4:30pm at facility revealed the left side of his face including his lower eye lid and lower lip drooped more significantly than the right.</p> <p>Record review on 1/24/23 for Client #3 revealed: -Date of admission: 9/7/22. -Diagnoses: Mild Intellectual Developmental Disability, Schizophrenia Spectrum and other Psychotic Disorder, Depressive Disorder, Unspecified Impulse Control Disorder and Conduct Disorder. -History: Client #3 was living at the facility when he received diagnosis of Bell's Palsy (due to left facial drooping) and was subsequently airlifted to a local emergency department due to abscess on his brain in April 2021. When he returned from hospitalization and assisted living care, he was placed in a sister facility on 7/1/21. He moved to the facility on 9/7/22. -Treatment plan dated 12/27/22 revealed in descriptive narrative: "continues to struggle with smoking and refusing his tar bar (cigarette filter). Staff has to monitor [Client #3] during his entire smoking time to ensure that [Client #3] does not burn himself."</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>-No goals to address reduction of incidents of burning himself while smoking or elimination of smoking.</p> <p>-Medical appointments included: -8/15/22 Primary Care Physician (PCP); "nose burn ...keep covered with antibiotic ointment." -11/2/22 dentist; "Patient seen today for concern of sore inside mouth. On exam, intraoral contracture upper left buccal vestibule scar tissue present left buccal mucosa ...healing burn lesions on upper and lower lip. Panoramic x-ray taken-no pathology observed. Recommend patient return to PCP in one week if lip lesions are not resolved. Keep lips clean. Apply Vaseline as needed."</p> <p>-11/28/22 PCP; "cigarette burn of hand ...Silvadene cream twice daily to burn ... encourage to stop smoking as it is dangerous since he has had multiple burns."</p> <p>Observation at approximately 3:30pm on 1/25/23 revealed Client #3 outside the day program operated by the same licensee with staff while both were smoking. Staff returned inside after putting out her cigarette. Client #3 walked down the sidewalk while still smoking to sit at the picnic table. Another female staff looked out the door at Client #3 but returned inside. About 2-3 minutes later Client #3 then returned inside.</p> <p>Interview on 1/30/23 with Staff #1 revealed: -Had never been told she needed to supervise Client #3 smoking the entire cigarette. -Usually just watched Client #3 from inside the facility. -Client #3 could smoke every 2 hours but the schedule was not written. He asked to smoke all the time and would get angry if told it wasn't time. -Kept Client #3's cigarettes and lighter with her or locked them in the medication cabinet.</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>-Client #3 would burn himself when he smoked. He smoked well into the filter of his cigarette.</p> <p>Interview on 1/30/23 with Staff #3 revealed:</p> <ul style="list-style-type: none"> -Had worked for Licensee for about 3 years in different facilities. She worked in the facility with Client #3 prior to his admission to the hospital (April 2021). He didn't burn himself while smoking before he went to the hospital. -Client #3 was allowed to smoke every 2 hours as per guardian's approval. -Client #3 acted more responsibly when 2 staff were present in the facility. -"We weren't told to stay with him when he smokes. Most of us do anyway because he stumbles a lot." -Client #3 had burns on hands and lips when he returned from the hospital. He just picks at his hands and lips so they never really heal. -She was assigned to be Client #3's one-on-one support starting today. <p>Interview on 1/25/23 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -Was responsible for developing treatment plans. -Client #3 had a Positive Behavior Support Plan (PBSP) dated 5/1/17 which addressed improving daily living skills. -Was working with a behavior analyst to gather baseline data more related to Client #3's behaviors and needs. -Provided client specific training to current staff on Client #3's treatment plan but didn't document the training. She could not remember when she had completed the staff training. <p>Review on 1/26/23 of Plan of Protection dated 1/26/23 signed by the Director revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>Residential Operations Manager will assure additional staff are assigned to group home to monitor safety of client during awake hours. Residential QP (Qualified Professional) coordinating treatment planning meeting including members of treatment team, client and guardian scheduled on February 3, 2023, to address safety concerns.</p> <p>Describe your plans to make sure the above happens.</p> <p>Director of IDD (intellectual developmental disability) services will ensure that additional staff are assigned to monitor and assist resident for safety and will ensure treatment planning meeting occurs and safety concerns are addressed."</p> <p>Client #3 was diagnosed with mild intellectual developmental disability, schizophrenia spectrum and other psychotic disorder, depressive disorder, unspecified impulse control disorder and conduct disorder. Client #3 had burns on his fingers and lips from smoking cigarettes when he was admitted to the facility 9/7/22. Client #3's treatment plan revealed he required supervision when smoking but facility staff reported they were not aware of the need to supervise Client #3 when he smoked. Client #3's treatment plan did not include strategies for smoking cessation despite his primary care physician's recommendations. Facility staff did not support Client #3 in reducing harm from burning himself by providing required supervision during smoking sessions and did not encourage smoking cessation as recommended by his physician. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond</p>	V 112		

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V 112	Continued From page 5 the 45th day.	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 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	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to keep the MARs current and failed to ensure medications were administered on the written order of a physician for 3 of 4 clients (Clients #2, #3, #4). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0209(h) Medication Requirements (V123). Based on record review and interviews, the facility failed to ensure all medication administration errors were reported to a pharmacist or physician affecting 2 of 4 audited clients (Clients #2 and #4).</p> <p>Cross Reference: 10A NCAC 27G .5603 Operations (V291). Based on record review and interviews the facility failed to coordinate medical services with other professionals responsible for client's treatment for 1 of 4 audited clients (Client #3).</p> <p>Record review on 1/25/23 for Client #2's physician's orders revealed: -Trazadone 50 milligram (mg) 1 tablet (tab) at bedtime PRN (as needed) for sleep dated 9/20/22. -Trazadone 50mg 1 tab once daily at bedtime dated 11/16/22.</p> <p>Review on 1/25/23 of Client #2's 11/1/22-1/25/23 MARs revealed: -Trazadone PRN was initialed as administered 11/16/22, 11/22-11/24/22. -Trazadone daily was initialed as administered on 11/22-11/24/22. -No documentation of administration of PRN or daily Trazadone for 11/17-11/21/22, 11/25-11/27/22.</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>Record review on 1/25/23 for Client #3's physician's orders revealed: -Erythromycin 0.5% eye ointment (antibiotic)- add to left eye 4 times daily dated 8/4/22. Order documentation included 15-day supply and 3 refills.</p> <p>Review on 1/30/23 of Client #3's 11/1/22-1/25/23 MARs revealed: -Erythromycin was administered 1/11-1/25/23 without an order.</p> <p>Interview on 1/31/23 with the Operations Support Specialist (OSS) #4 revealed: -"In January [Client #3]'s eye looked 'bad' again. I reached out to primary care but got no response. He (Client #3) had refills (of erythromycin eye ointment) available so we (OSS and the Director) decided to restart the medication for his eye. Got refill from the pharmacy and [the Director] added it to the MAR."</p> <p>Interview on 1/31/23 with the Director revealed: -Will go through orders and changes to orders monthly and as needed to add to eMAR (electronic MAR). She overlooked the change in Client #2's Trazadone order. She added it to the eMAR a few days late. -It was highly unlikely that Client #2 received a double dose of Trazadone for 3 days as there would have only been 1 bubble pack card in the facility. -"I was aware of the refills available and ultimately responsible for restarting the eye medication for [Client #3]." -Because refills were given on the original order, she felt it was intended to use when needed.</p> <p>This deficiency constitutes a recited deficiency.</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>Review on 1/26/23 of the initial Plan of Protection dated 1/26/23 signed by the Director revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? -Staff will receive additional training regarding resident medical appointments and physician orders to ensure that clear and concise directions regarding medications and treatments are received and understood. -Staff will receive additional training to ensure that no medications and treatments are administered without clear and concise directions. -Staff will coordinate with either prescribing physician or pharmacist when prescriptions are unclear Describe your plans to make sure the above happens. -Director of IDD (intellectual developmental disability) Services will provide additional training to staff on January 31, 2023 and February 2, 2023 to ensure compliance and competency."</p> <p>Review on 1/26/23 of second Plan of Protection dated 1/26/23 signed by the Director revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Staff will receive additional training regarding resident medical appointments and physician orders to ensure that clear and concise directions regarding medications and treatments are received and understood. Staff will receive additional training to ensure that no medications and treatments are administered without clear and concise directions. Staff will coordinate with either prescribing physician or pharmacist when prescriptions are unclear. Staff will receive additional training to monitor expiration dates on medications and proper</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>disposal of expired medications. Staff will receive additional training on incident reporting including medication error incident reporting and documentation and reporting errors to the pharmacist or physician. Describe your plans to make sure the above happens. Director of IDD (intellectual/developmental disability) Services will provide additional training to staff on January 31, 2023 and February 2, 2023 to ensure compliance and competency."</p> <p>Review on 2/1/23 of third Plan of Protection dated 2/1/23 signed by the Director revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Staff will receive additional training regarding resident medical appointments and physician orders to ensure that clear and concise directions regarding medications and treatments are received and understood. Staff will receive additional medication administration training to ensure medications are administered as ordered and adheres to rights of medication administration. Staff will coordinate with either prescribing physician or pharmacist when prescriptions are unclear. Staff will receive additional training to monitor expiration dates on medications and proper disposal of expired medications. Staff will receive additional training on incident reporting including medication error incident reporting and documentation and reporting errors to the pharmacist or physician. Describe your plans to make sure the above happens. Director of IDD Services will provide additional training to staff on February 3, 2023 and February 7, 2023 to ensure compliance and competency."</p>	V 118		

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V 118	Continued From page 10 Clients #2, #3 and #4 were diagnosed with intellectual developmental disabilities as well as mental health diagnoses including Depressive Disorder, Post-Traumatic Stress Disorder, Autism Spectrum Disorder, Schizophrenia Spectrum and other Psychotic Disorder. Client #3 continued to have frequent eye infections without follow up for surgical evaluation. He was administered erythromycin for his eye in January, 2023 without a follow up to the doctor to ensure previous prescription was appropriate for this issue. Client #2 missed 4 doses of lithium carbonate 300mg as evidenced by loose pills found in his medication basket on 11/21/22. His MAR documented he received both prn and daily doses of Trazadone for 3 days and 8 days without documentation of administration of Trazadone. It could not be determined if he received the correct dose of Trazodone. Client #4 missed a dose of hydrochlorothiazide. No pharmacist or physician was contacted regarding any of these missed doses. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 118		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded	V 123		

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V 123	<p>Continued From page 11</p> <p>in the drug record. A client's refusal of a drug shall be charted.</p> <p>.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure all medication administration errors were reported to a pharmacist or physician affecting 2 of 4 audited clients (Clients #2 and #4). The findings are:</p> <p>Record review on 1/24/23 for Client #2 revealed: -Date of admission- 6/16/21 -Diagnoses- Moderate Intellectual Developmental Disability, Depressive Disorder, Post-Traumatic Stress Disorder.</p> <p>Record review on 1/30/23 for Client #4 revealed: -Date of admission- 1/11/20 -Diagnoses- Moderate Intellectual Developmental Disability, Autism Spectrum Disorder, Unspecified Disruptive Impulse Control Disorder and Conduct Disorder.</p> <p>Review on 1/24/23 of Incident reporting for November 2022-January 2023 revealed: -On 11/18/22 Client #4 was not administered Hydrochlorothiazide 12.5 milligram (mg) (diuretic). There was no documentation of contact with pharmacist or physician. -On 11/21/22 4 doses of Lithium Carbonate 300mg (depression) were found in the bottom of Client #2's medication basket.</p>	V 123		

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V 123	<p>Continued From page 12</p> <p>Review on 1/25/23 of the 11/1/22-1/25/23 MAR revealed:</p> <ul style="list-style-type: none"> -Lithium Carbonate was initialed to indicate the medication had been administered twice daily from 11/14-11/20/22. -There was no documentation of contact with the pharmacist or physician. <p>Interview on 1/25/23 with the Operations Support Specialist #5 revealed:</p> <ul style="list-style-type: none"> -Had been conducting administrative audits of electronic medication administration records (eMARs) for all facilities every morning to catch any issues and address them immediately. -Worked a shift at the facility every Sunday. -Found the 4 pills in Client #2's medication basket on 11/20/22. She compared the loose tablets to all medications to determine they were lithium carbonate 300mg tablets. She spoke to all staff who worked the week of 11/14-11/20/22 and could not determine when the lithium carbonate doses weren't administered to Client #2. She contacted the supervisors and took the tablets to the office for disposal. -It was unknown when the 4 pills might have been missed. <p>Interview on 1/25/23 with the Director revealed:</p> <ul style="list-style-type: none"> -Typically, the House Manager, Operations Support Specialists or herself would contact the pharmacy when they were notified of a missed medication; however, they did not document that contact. -Their incident reporting form was awkward to use and hoped they could change this document. <p>This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type B rule violation and must be corrected within 45 days.</p>	V 123		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure each staff member had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR) prior to date of hire for 1 of 5 audited staff (Staff #2 and the Director). The findings are:</p> <p>Record review on 1/24/23 for Staff #2 revealed: -Date of Hire 6/23/15. -Date of HCPR verification- 2/9/16.</p> <p>Record review on 1/30/23 for the Director revealed: -Date of Hire 6/23/15. -Date of HCPR verification- 2/9/16.</p> <p>Interview on 1/24/23 with the Director revealed: -Their corporate human resources office was responsible for completing background checks. -The Licensee did not complete additional HCPR background checks when there was a change in</p>	V 131		

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V 131	Continued From page 14 licensee.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record	V 133		

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V 133	Continued From page 15 check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all	V 133		

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V 133	Continued From page 16 of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or	V 133		

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V 133	Continued From page 17 federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while	V 133		

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V 133	<p>Continued From page 18</p> <p>impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to request a state or national criminal background check within 5 days of making the conditional offer of employment for 1 of 5 audited staff (Staff #2 and the Director). The findings are:</p> <p>Record review on 1/24/23 for Staff #2 revealed: -Date of Hire 6/23/15.</p>	V 133		

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V 133	Continued From page 19 -Date of Criminal Background check- 7/7/15. Record review on 1/30/23 for the Director revealed: -Date of Hire 6/23/15. -Date of Criminal Background Check- 7/7/15. Interview on 1/24/23 with the Director revealed: -Their corporate office was responsible for completing background checks. -The Licensee did not complete criminal background checks when there was a change in licensee.	V 133			
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.	V 291			

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V 291	<p>Continued From page 20</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to coordinate medical services with other professionals responsible for client's treatment for 1 of 4 audited clients (Client #3). The findings are:</p> <p>Record review on 1/24/23 for Client #3 revealed: -Date of admission- 9/7/22 -Diagnoses- Mild Intellectual Developmental Disability, Schizophrenia Spectrum and other Psychotic Disorder, Depressive Disorder, Unspecified Impulse Control Disorder and Conduct Disorder. -Medical appointments included: -8/4/22-appointment with eye specialist-diagnosed with exposure keratoconjunctivitis in left eye ...ordered erythromycin 5 milligram (mg) 0.5% eye ointment (antibiotic) ...1 application 4 times a day to left eye with 15-day supply and 3 refills. -11/2/22-dentist- "Patient seen today for concern of sore inside mouth. On exam, intraoral contracture upper left buccal vestibule scar tissue present left buccal mucosa ...healing burn lesions on upper and lower lip. Panoramic x-ray taken-no pathology observed. Recommend patient return to PCP (primary care physician) in one week if lip lesions are not resolved. Keep lips clean. Apply Vaseline as needed."</p>	V 291		

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V 291	<p>Continued From page 21</p> <p>Review on 1/25/23 of 11/1/22-1/25/23 Medication Administration Records (MAR) for Client #3 revealed:</p> <ul style="list-style-type: none"> -Erythromycin 5mg eye ointment initialed as administered 4 times each day from 1/11/23 through 1/24/23 and 1/25/23 8am dose. <p>Additional review on 1/25/23 of Client #3's medical orders revealed:</p> <ul style="list-style-type: none"> -No medication order for erythromycin 5mg eye ointment starting on 1/11/23. <p>Interview on 1/30/23 with the Ophthalmic Assistant from the eye specialist's office revealed:</p> <ul style="list-style-type: none"> -Initially the order was to use erythromycin at night and tape eye shut but was changed to 4 times daily after initial note was written in system. -Client #3 was referred to the in-house Oculoplastic surgeon and was supposed to continue the erythromycin eye ointment until he saw the surgeon but the appointment was not made. Typically, the appointment would have been made that same day prior to leaving the office. -The tube of erythromycin eye ointment only lasts about 15 days when administering 4 times daily which is why there were refills. -Client #3 was referred to the surgeon for evaluation of possible lower lid surgery due to recurrent eye infections. <p>Interview on 1/31/23 with the Operations Support Specialist (OSS) #4 revealed:</p> <ul style="list-style-type: none"> - "I should have contacted the Doctor but I missed it." <p>Interview on 1/24/23 with the Director revealed:</p> <ul style="list-style-type: none"> -Client #3's eye was looking "bad" again. He still had refills for the erythromycin he had previously used so she had the OSS call the pharmacy and 	V 291		

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V 291	Continued From page 22 the pharmacy refilled the erythromycin eye ointment from the refills ordered by the eye specialist on 8/4/22. They planned to administer it as initially prescribed 4 times a day for 15 days. -Didn't think she needed a new order since there were refills. This deficiency is cross referenced into 10A NCAC 27G .0209(c) Medication Requirements (V118) for a Type B rule violation and must be corrected within 45 days.	V 291		
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	V 536		

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V 536	Continued From page 23 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 documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the	V 536		

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V 536	Continued From page 24 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 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	V 536		

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V 536	<p>Continued From page 25</p> <p>need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure initial and annual refresher training in the use of alternatives to restrictive interventions for 2 of 5 audited staff (Staff #1 and the Qualified Professional) (QP). The findings are:</p>	V 536		

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NAME OF PROVIDER OR SUPPLIER THE OVERLOOK		STREET ADDRESS, CITY, STATE, ZIP CODE 205 HAMPTON CHURCH ROAD MURPHY, NC 28906		
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V 536	Continued From page 26 Record review on 1/24/23 for Staff #1 revealed: -Date of hire- 9/6/22. -There was no documentation of initial training in alternative to restrictive interventions for Staff # 1. Record review on 1/24/23 for the QP revealed: -Date of Hire-8/30/21. -Date of last CPI (Crisis Prevention Institute) training- 1/10/22, expired 1/10/23. Interview on 1/24/23 with Staff #1 revealed: -She did not have CPI training. -Training in CPI was scheduled for 2/9/23. Interview on 1/31/23 with the Director revealed: -Their current CPI trainer did not have access to the previous trainer's documentation of training, classes or certificates. -Had difficulty with finding CPI trainers. -Both staff are scheduled for CPI training 2/9/23.	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 manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, clean, orderly and attractive manner. The findings are:	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/01/2023
NAME OF PROVIDER OR SUPPLIER THE OVERLOOK		STREET ADDRESS, CITY, STATE, ZIP CODE 205 HAMPTON CHURCH ROAD MURPHY, NC 28906		
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V 736	Continued From page 27 Observation at approximately 4:15pm on 1/24/23 revealed broken blinds in both Client #1 and Client #3's bedroom windows. Client #1's bedroom also had 6 patched spots on the walls painted with a different color tone than the rest of her room. The kitchen cabinet next to the sink was missing the right-hand door and the right lower cabinet door was cracked. Interview on 2/1/22 with the Director revealed: -Client #2 had kicked and ripped off the kitchen cabinet doors when "he lost his temper just in the past couple of weeks." -Was unaware the blinds were broken but would have them replaced.	V 736		