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V 000	INITIAL COMMENTS An annual and complaint survey was completed on February 21, 2023. The complaint (Intake #NC00198266) was unsubstantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. 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 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need;	V 105		

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V 105	Continued From page 1 (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on record reviews and interviews the facility staff failed to implement their policy on drug testing for employees and bedroom checks on clients. The findings are: Finding #1 Review on 2/20/23 of the Employee Application policy revealed: -A consent for random drug/alcohol testing and release of information -" ...An employee may be asked to take a urine, saliva, and/or breathalyzer test to detect illegal drugs, non-prescription drugs, alcohol, narcotics and/or steroids at such times and places as the Human Resource Department and or official representative presumes to have reasonable presumption of use ...a positive test for alcohol and/or drugs, or my refusal to authorize the tests by signing this form, taking the specified test or producing a specimen may result in the following action ...for employees referral to an employee assistance program and/or disciplinary action up to and including termination in accordance with agency regulation and any applicable policy ..." Review on 2/21/23 of staff #2's record revealed: -A hire date of 1/12/23 -A job description of Paraprofessional -An allegation staff #2 smoked marijuana with client #2 -No documentation of staff #2 being asked to take a urine test to detect illegal drugs	V 105		

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V 105	Continued From page 3	V 105		

Review on 2/21/23 of the facility's investigation, dated 2/6/23 and completed by the Director/AP and the House Manager revealed:
-"Description of the allegation: [client #2] was in the hospital and told his psychiatrist that he smoked with staff. He named [FS] at the hospital but changed his story to [staff #2]. [Client #2] was spoken to by [the DSS SW] on 2/6 and expressed that he was mad because he was getting caught smoking at school and just made it up to take the attention off of him. [Clientc#2] stated he was sorry for telling likes. An emergency meeting was called for [staff #2] on 2/7 and he admitted to having a smoking habit but denies every smoking with any of the kids during his shift. He as suspended until the 16th where he was allowed to resume his shifts after hearing anymore about [staff #2] smoking with consumers ..."

Interview on 2/21/23 with staff #2 revealed:
-"Yes, I smoke marijuana at home. They did not drug test me. I was up front with the DSS and told her. I told them both I smoked them. They said they would do a drug test and I told them this was what I did and would test positive for this ..."

Interview on 2/21/23 with the House Manager revealed:
-Client #2 made an allegation he smoked cigarettes with staff #2
-"Then [client #2] changed his story and stated he smoked marijuana with [staff #2] ...[Staff #2] has not been back to work, so he has not been tested for marijuana ..."

Interview on 2/21/23 with the Licensed Professional revealed:
-Had strongly suggested staff #2 be tested for marijuana (after the allegation), but was not sure

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V 105	Continued From page 4 if that had occurred Interview on 2/21/23 with the Director/Licensee/Qualified Professional (D/L/QP) revealed: -Two staff were working when client #2 alleged he was smoking with one of them. -"[Client #2] stated he was smoking a black and mild (tobacco product) with [FS #1] and then later it was changed to [staff #2]. When he (client #2) came back from the hospital, he said it was marijuana they were smoking ...I do the drug screens in house (not sending staff to a lab). So, when he (staff #2] comes in on 3rd shift next, he will be tested (for marijuana) ..." Finding #2 Review on 2/21/23 of the facility's policy and procedures revealed: -A sleep log must be completed on each individual at night -Employees who are responsible for this documentation will ensure that each individual receives a check every 15- to 30-minutes ...each night the following key will be utilized and documented either at 15- or 30-minute interviews (depending on individual need) ...A Awake, BR Bathroom, S Sleep and TA Toilet Accident ...it will be the management responsibility to ensure that each employee is trained on the specific night time needs of each individual in the home ..." Review on 2/21/23 of the facility's communication and service notes log revealed: 2/5/23 " ...first room checks were done around 9:45pm. All consumers were in their rooms/beds at this time. At 10:35pm, I did room checks again. [Client #3] was not in his room ...911 was called and a missing person report was filed ...around 12:25am, [client #3] returned by ringing the	V 105		

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V 105	Continued From page 5 doorbell ..." Further review on 2/21/23 of the facility's communication and service notes log revealed: -No bedroom checks were documented at 15- to 30-minute intervals on each client Interview on 2/21/23 with the House Manager revealed: -"There is no sleep log documentation as set forth in the policy book ...I was wondering how to implement that ...I will look at our policy and develop a form ..." Interview on 2/21/23 with the Director/Licensee/Qualified Professional revealed: -"Room Checks? So, we do them supposed to be every shift and if we suspect anything we do another check. At the other group home, we had an envelope with a form with a check list. We used to have two staff that did it (documenting room checks every 15-to-30-minute intervals) They alternated it. It (documentation) fell to the wayside ..."	V 105		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the	V 108		

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V 108	Continued From page 6 client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 1 Former Staff (FS #1) had the required trainings. The findings are: Review on 2/21/23 of FS #1's record revealed: -A hire date of 1/12/23 -A separation date of 2/16/23 -A job description of Paraprofessional -No training on confidentiality, client rights, BBP and Infectious Diseases Attempted interviews on 2/20/23 and 2/21/23 with FS #1 were not successful as telephone calls	V 108		

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V 108	Continued From page 7 were not returned. Interview on 2/21/23 with the Director/Licensee/Qualified Professional revealed: -"[FS #1] was supposed to come in for her trainings. She was to come for a meeting and do her trainings and never showed back up. We should have made sure she had all her trainings (before she started working at the facility). It is my fault (FS #1 did not have all her required trainings) ..."	V 108		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based	V 109		

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V 109	Continued From page 8 employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure to have at least one direct care staff who meets the requirements of Associate Professional (AP). The findings are: Attempted review on 2/21/23 of the AP's record revealed: -No staff record to review Interview on 2/21/23 with the Director/Licensee/Qualified Professional revealed: -The facility did not currently have an AP -"I thought having an AP was optional. We did have one. We have someone in mind but he's having surgery ..." -Had posted an ad for the vacant position of AP -The former AP left several months ago	V 109		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan	V 112		

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V 112	Continued From page 9 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. 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 meet the individualized needs for 3 of 3 clients (#1, #2 and #3). The findings are:	V 112		

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V 112	Continued From page 10 Review on 2/20/22 of client #1's record revealed: -An admission date of 12/29/22 -Diagnoses of Unspecified Trauma and Stressor Related Disorder, Attention Deficit Hyperactivity Disorder, Unspecified, and Child or Adolescent Antisocial Behaviors -Age: 15 -An assessment dated 11/21/22 noted "needs individual counseling, placement at a residential level III, has to continue to learn new coping skills to prepare him for interactions with peers, has to be prepared to make positive decisions in daily interactions with peers and has to continue to learn peer mediation, has to avoid influences by family member and peers, has multiple legal charges pending and needed emergency placement to remove him for a juvenile detention center, previously resided at the detention center for approximately 3 months, has a history of going AWOL (Absent Without Leave) and of being hospitalized. Additionally, it has been reported that the client has a history of physical and verbal aggression, is currently in the custody of DSS (Department of Social Services) but his mother is involved in his treatment." -A treatment plan dated 12/29/22 noted "will work on gaining independence by gaining employment, learning how to budget, opening up a bank account and other things to help him progress as a young adult, will attend school on a daily basis and participate in transition skills, complete assigned class work, ask for help as needed and follow the expectations and rules in the classroom by maintaining passing grades and daily attendance, will get a healthy amount of sleep and rest each night by going to bed on time, being quiet after lights out and going to sleep or resting quietly throughout the night, will not exhibit any incidents of inappropriate behaviors, will learn to communicate effectively with peers and adults	V 112		

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V 112	Continued From page 11 by adopting effective coping strategies to assist him in managing behaviors, process feelings with adults, reduce the occurrences of displaying inappropriate anger, communicate effectively, be honest and open about his needs without lying and being manipulative and will utilize all coping skills, will working on building positive friendships with peers who can encourage and support him, will learn coping skills to process grief and support through the healing process," -Treatment Recommendations included "be placed in a level III group home to provide him with more stability and to ensure that he maintains the safety of himself and others. This placement will provide him with structure 24/7 with rules, routine, structure and will provide psycho-educational interventions based on group-based activities and additional therapy. He and his family need to take part in Family Centered Treatment to increase his ability to cope with environmental stressors, increase natural and community resources and improve functioning and communication with his family system, needs to continue to have his medications managed and monitored by his psychotropic medication management prescriber." -A detention order, dated 10/20/22 noted " ...must abide by the following terms and conditions during the pre-adjudication release period ...remain on good behavior and violate no local, state or federal law, not violate any reasonable and lawful rules of the juvenile's placements, report to a court counselor, cooperate with treatment ..." -No goals or strategies to address elopement tendencies -No goals or strategies to address the juvenile probation requirements -No goals or strategies to address substance use	V 112		

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V 112	Continued From page 12 Review on 2/20/23 of client #2 's record revealed: -An admission date of 12/12/22 -Diagnoses of Post-Traumatic Stress Disorder, Oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorder -Age: 14 -An assessment dated 12/9/22 noted "has had numerous out of home placements and mental health services, his most recent placements is at [a psychiatric residential treatment center in a neighboring state], needs step down placement to a level III, conflict at home with his grandmother and she could not handle his behaviors, difficulty falling asleep." -An updated treatment plan dated 1/9/23 noted "will participate in recreation therapy activities to improve cognitive, physical, social, emotional team building, hygiene, sportsmanship and independent living skills with same age peers, will get a healthy amount of sleep and rest each night by going to bed on time, being quiet after lights out, and going to sleep or resting quietly throughout the night, will not exhibit any incidents of inappropriate behaviors, will attend school on a daily basis, participate in transition skills, complete assigned class work, as for help as needed, and follow expectations and rules in the classroom by maintaining passing grades and daily attendance, will take medications as directed and appropriately seek medical care when necessary, will actively engage in individual therapy sessions, 90 minutes per week, while completing clinical assignments and activities which address healthy boundaries and socially appropriate behaviors though individual and group therapy activities, will demonstrate an increase by community rules and expectations and decrease defiant behaviors in 4 out of 7 days per week."	V 112		

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V 112	Continued From page 13 -No goals or strategies to address elopement tendencies -No goals or strategies to address suicidal ideation issues -No goals or strategies to address substance use Review on 2/20/23 of a discharge report from a local behavioral health center revealed: -Was dated 7/15/22 -"Diagnoses of Opioid Use Disorder, Severe, Other Hallucinogen Use Disorder, Moderate, and Unspecified Alcohol-Related Disorder." -"A 13-year-old male presents to the hospital and reported he intended to take his own life ...shared that he cut himself and reported he intended to cut his vein ...reports a history of suicidal attempts ...started using drugs at 12 years old and shared first using marijuana ...also reported a history of using LSD, Oxycodone, Morphine ..." Review on 2/20/23 of client #2's After Visit Summary, dated 2/1/23 to 2/3/23, from a hospital revealed: -There were highlighted areas under additional instructions -Those additional instructions were a national suicide hotline's number, a behavioral health center's number and a crisis stabilization center's number -"Safety Recommendations: A. Lock away or remove all pills in the home and dispense medication only as needed, B. Remove all razors and sharps from patient's possession, C. No access to guns or weapons, D. Sweep patient's room prior to coming home and once a week to make sure there are no pills, E. drugs or sharps in patient's possessions, F. Adult supervision for the next 6 to 8 weeks for safety precautions and monitoring."	V 112		

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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 112	Continued From page 14 Review on 2/20/23 of client #3's record revealed: -An admission date of 12/14/22 -Diagnoses of Conduct Disorder, Cannabis Use Disorder, Moderate and Attention Deficit Hyperactivity Disorder -Age: 15 -An assessment dated 12/14/22 noted "history of not following directions, fighting and running away, has been getting in trouble at school, difficulty falling and staying to sleep at night, loss of interest, difficulty with authoring, bullying and picking fights, history of gang involvement, is manipulative, sneaky, impulsive, makes poor choices, not deterred by consequences, lies, spends time with negative peers, has gone AWOL from placements, leaves the home without permission, gets physically aggressive towards family and was referred from detention, is currently under DJJ (Department of Juvenile Justice)'s supervision for truancy, theft and gang affiliation, needs medication management services, both individual and family therapy, substance abuse treatment." -An updated comprehensive clinical assessment dated 2/12/23 noted "As of today, [client #3] has had several incidents of attempting or going AWOL, smoking at school, refused to use his prescribed nicotine patches. During treatment team meetings, his mother reported that she was in constant concern for his safety, would benefit from increasing positive social interactions, struggles to identify issues that may be the source of problems in his relationship, would benefit from engaging in healthy and safe practices and be able to verbalize them, is using cannabis in school and every opportunity presented to him, would benefit from substance abuse counseling, recognize patterns that lead to abuse, demonstrate a reduction in reported substance use."	V 112		

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V 112	Continued From page 15 -A treatment plan dated 12/9/22 noted "will receive nutritional guidance based on initial assessment from dietician, will participate in monthly weight management meetings if deemed appropriately, will heighten awareness of impulsive actions by identifying triggers and utilizing replacement coping skills approximately at least one time a day, will recognize and verbalize how feelings are connected to behavior by increasing use of relation skills, requesting time-outs, journaling, brain gyms, utilizing skills and appropriately processing with staff members 5 out of 7 days, will develop and implement organization skills by maintaining a clean and organized living space and following a hygiene regimen for at least 5 out of 7 days, -No goals or strategies to address elopement tendencies -No goals or strategies to address suicidal ideation issues -No goals or strategies to address substance use Review on 2/21/23 of the facility's communication and service notes log revealed: -1/27/23 " ...After medications were given, [the Director/Licensee/Qualified Professional (D/L/QP)] came and gave all three guys a drug rest and all 3 tested positive for THC ..." -2/5/23 " ...first room checks were done around 9:45pm. All consumers were in their rooms/beds at this time. At 10:35pm, I did room checks again. [Client #3] was not in his room ...911 was called and a missing person report was filed ...around 12:25am, [client #3] returned by ringing the doorbell ..." -2/11/23 " ...[Client #3] and [client #1] took their meds with no issues and [client #1] just got up and walked out. No conversation, no hey, no bye. Just got up and walked out and went AWOL (Absent Without Leave) ..."	V 112		

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V 112	Continued From page 16 -Undated note for 3rd shift stated "[Client #3] MIA (Missing in Action). He went AWOL last night and has not returned ..." -2/17/23 " ...Around 8:30pm, [client #3] returned from being AWOL for 3 days ..." Review on 2/21/23 of the facility's incident reports revealed: -A level II incident, dated 1/31/23 and put in IRIS and 8:00pm for client # "suicidal attempt was checked." -Emergency Hospitalization (Psychiatric) was checked yes -Was Law Enforcement involved, was checked yes -"[Client #2] was asked the question about why he doesn't participate in therapy, and he became verbally aggressive with staff, stating he wanted to pack his *hi* up and leave the group home because he didn't want to be here anymore. [Client #2] was so irate that staff tried to calm him down, however he stated he wanted to kill himself and staff assessed him for SI and contacted the police department to transport him to the hospital because he didn't want to travel with staff. [Client #2] was taken to a hospital and then transported for further psychological observation." -A level II incident dated 2/4/23 for client #2 "at 8am revealed at or around 8am , staff was passing medications and [client #] just walked out the front door fully dressed. He didn't say anything and when staff got to the door, he ran. Staff contacted the police department and [client #2] was returned in an hour from going AWOL. When asked why he just walked out of the house, he reported he just needed to get some air." -An incident report dated 2/15/23 at 11am [client #3] "Asked staff if he could make mop water to continue cleaning his room and was given permission ...he bent down and put a note in the	V 112		

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V 112	Continued From page 17 door and dropped the bucket and ran ...he went towards [a local road] and staff spotted him in a housing neighborhood and called 911 ..." -Incident prevention :"[client #3] has a history of going AWOL and a diagnosis of cannabis abuse. He tested positive for marijuana on 1/27/23 along with benzos. He had a plan to go AWOL so that he could get high." Interview on 2/17/23 with client #1 revealed: -Was currently on probation -Had eloped from the facility on several occasions -All three clients had eloped from the facility -"[Client # 3] is still missing. He left 2 days ago ...the police are looking for him ..." -Denied returning to the facility, after leaving, under the influence of drugs -Stated he would leave the facility through the front and back doors and the windows Interview on 2/17/23 with client #2 revealed: -Had eloped from the facility on several occasions -Denied smoking marijuana -Refused to discuss suicidal tendencies -Was hospitalized for suicidal tendencies -Client #3 had ran away on several occasions -"I ran away one time and so did [client #1]. The staff called the police. I ran up the street to the church. [Client # 3] has been gone for two days ..." -When he eloped, "I just walked out the front door. I just needed a break. [The House Manager (HM)] said if I left, she would call the police ..." -"If you leave the facility, you get put on restriction. You can't watch tv, play video games or go on outings ..." -Was admitted to the hospital due to suicidal ideation -"I am not going to talk about it."	V 112		

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V 112	Continued From page 18 Interview on 2/20/23 with client #3 revealed: -Was currently on probation -Had eloped from the facility on several occasions -Eloped "because I am being bad. I went AWOL. I was gone like two days. I just walked out the back door. It was early in the morning ..." -Client #2 also went AWOL. -Denied smoking marijuana Interview on 2/21/23 with staff #2 revealed: -There were two clients that eloped from the facility on several occasions there are 2 of them, -"They have left twice on my shift on third ...They also ran off on a few other staff. They jumped out of the second story window..." -"You know the kids have resources at school and will smoke (marijuana)...they will come home from school 'high' and I can tell. I am not stupid ...that was a month ago or so ..." Interview on 2/21/23 with the Licensed Professional revealed: -Was responsible for updating the treatment plans -The Director/Licensee/Qualified Professional (D/L/QP) was responsible for developing the treatment plans -The treatment plans had not been updated to address issues of elopement, substance abuse and suicidal ideations -Was aware client #2 was hospitalized for several days due to suicidal ideation -Was aware the clients had eloped from the facility several times -Was aware the clients had tested positive for marijuana after returning to the facility from eloping -Would get with the treatment team to discuss updating the treatment plans to address issues -Was looking at recommending a higher level of	V 112		

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V 112	Continued From page 19 care for client #3 Interview on 2/21/23 with the Director/Licensee/Qualified Professional revealed: -Treatment plans were developed by the LP. -"We do it as a team and during our Child and Family Team Meetings (CFT)s also ...We had to revise client #2's suicidal prevention plan but we have not put it in his treatment plan yet ..." -"We have to put a goal in their treatment plans about elopement. We are currently working on it and just updated [client #3]'s, but we have not put is as a goal ..." -"The substance use is a tough one. We are looking into different programs and there's not much going on out there ...another option is to get them in counseling for substance abuse ..." -Was aware client #1 and client #3 were on probation. -"We need to put goals in for them to cooperate with their probation officers ..."	V 112		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use;	V 120		

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V 120	Continued From page 20 (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on observations, record reviews and interview, the facility staff failed to store internal and external medications separately. The findings are: Review on 2/21/23 client #1's medications revealed: -Physician's orders dated 2/13/23 for the following medications: -Clonidine 0.1 milligrams (mg), 1 by mouth (po) qhs (every night) -Hydroxyzine HCL 25mgs, 1 po twice daily (bid), As Needed (PRN) -Cetaphil Lotion, apply a small amount daily -Retin-A 0.005% small amount to skin at bedtime -Melatonin 10mgs, 1 po qhs -Crave(topical) small amount to skin daily -Prazosin HCL 1mg at bedtime Observations on 2/21/23 at 11:43am of client #1's medication storage revealed: -A clear plastic storage bin labeled with the client #1's first and last name -The internal and external medications were not stored separately Review on 2/21/23 of client #2's record revealed:	V 120		

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V 120	Continued From page 21 -Physician's orders dated 2/4/23 for the following medications: -Vitamin D3 2000 units, 1 po every morning (qam) -Buspirone HCL 15mgs, 1 po bid -Hydroxyzine HCL 50mgs, 1 po three times daily (tid), PRN -Flonase 50mgc, 1 spray each nostril at night, PRN -Clonidine HCL 0.2mgs, 1 po qhs -Lamotrigine 100mgs, 1 po qhs -Cetirizine HCL 10mgs, 1 po qhs -Banophen 50mgs, 2 po qhs -Olanzapine 5mgs, 1 po qhs -Concerta 54mgs, 1 po qam -Clindamycin Phosphate 1%, apply to acne twice a day as directed Observations on 2/21/23 at 11:48am of client #2's medication storage revealed: -A clear plastic storage bin labeled with the client #2's first and last name -The internal and external medications were not stored separately Review on 2/21/23 of client #3's medication storage revealed: -Physician's orders, dated 2/17/23 for the following medications: -Cetirizine HCL 10mgs 1 po every day (qd) -Vitamin D3 2000 units, 1 po qam -Clindamycin Phosphate 1% Topical Solution, apply to acne twice daily as directed -Adderall XR 25mgs, 1 po qam -Flonase 50mcg, 1 spray each nostril at bedtime -Melatonin 10mgs, 1 po qhs Observations on 2/21/23 at 12:18pm of client #3's medication storage bin revealed: -A clear plastic storage bin labeled with the client	V 120		

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V 120	Continued From page 22 #3's first and last name -The internal and external medications were not stored separately Interview on 2/21/23 with the Director/Licensee/Qualified Professional revealed: -Stated she was not aware internal and external medications needed to be stored separately.	V 120		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to access the HCPR prior to hire affecting 1 of 5 current staff (#2) and 1 of 1 Former Staff (FS #1). The findings are: Review on 2/21/23 of FS #1's record revealed: -A hire date of 1/12/23 -A separation date of 2/16/23 -A job description of Paraprofessional -The HCPR was accessed on 1/27/23	V 131		

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V 131	Continued From page 23 Review on 2/21/23 of staff #2's record revealed: -A hire date of 1/12/23 -A job description of Paraprofessional - The HCPR was accessed on 1/27/23 Interview on 2/21/23 with the House Manager (HM) revealed: -"In the future, I will make sure I complete the the HCPR checks prior to hiring staff ..." Interview on 2/21/23 with the Director/Licensee/Qualified Professional revealed: -HCPR are completed by her and the HM -"I will make sure they are completed prior to hire for the staff ..."	V 131		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a	V 132		

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V 132	Continued From page 24 healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report allegations of abuse, neglect or exploitation to the Health Care Personnel Registry (HCPR). The findings are: Review on 2/17/23 of the facility's level III incident reports revealed: -No documentation the HCPR was notified of an allegation of staff #2 smoking marijuana with client #2 Review on 2/21/23 of the facility's internal	V 132		

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V 132	Continued From page 25	V 132		

investigation, dated 2/6/23 and completed by the Director/Licensee/Qualified Professional (D/L/QP) and the House Manager (HM) revealed:
-"Description of the allegation: [client #2] was in the hospital and told his psychiatrist that he smoked with facility staff. He named [Former Staff #1 (FS #1)] at the hospital but changed his story to [staff #2]. [Client #2] was spoken to by [the Department of Social Services' Social Worker (DSS SW)] on 2/6 and expressed that he was mad because he was getting caught smoking at school and just made it up to take the attention off of him. [Client 2] stated he was sorry for telling likes. An emergency meeting was called for [staff #2] on 2/7 and he admitted to having a smoking habit but denies every smoking with any of the kids during his shift. He as suspended until the 16th where he was allowed to resume his shifts after hearing anymore about [staff #2] smoking with consumers. [FS # 1] spoke with management on 2/9 and also admitted to having a smoking habit and denied smoking with the consumers. [FS #1] was suspended and never returned after being confronted ..."

Further review on 2/21/23 of the facility's internal investigation, dated 2/6/23 and completed by the D/L/QP revealed:
-"On 2/6 (2023) Lifeway Group Home had a visit from DSS (Department of Social Services)'s [social worker's name] with a complaint. [Staff #2] was accused of smoking with consumer (#2). [Staff #2] was spoken to on 2/7 (2023) and after a complete investigation was conducted, [staff #2] was suspended from 2/7 (2023) to 2/16 (2023). This is [staff #2]'s first written warning. If he is accused of, seen or evidence is found that he has smoked with a consumer, [staff #2] will be terminated and the health care registry will be

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V 132	Continued From page 26 contacted for further investigation." Review on 2/21/23 of staff #2's record revealed: -A hire date of 1/12/23 -A job description of Paraprofessional -A written warning, dated 2/7/23 and nature of infraction "Improper Conduct and Failure to Comply with Company Policy" -"On 2/6 (2023) Lifeway Group Home had a visit from DSS (Department of Social Services)'s [social worker's name] with a complaint. [Staff #2] was accused of smoking with consumer (#2). [Staff #2] was spoken to on 2/7 (2023) and after a complete investigation was conducted, [staff #2] was suspended from 2/7 (2023) to 2/16 (2023). This is [staff #2]'s first written warning. If he is accused of, seen or evidence is found that he has smoked with a consumer, [staff #2] will be terminated and the health care registry will be contacted for further investigation." -The written warning was signed and dated 2/7/23 by both the Director/Licensee/Qualified Professional (D/L/QP) and staff #2 Interview on 2/21/23 with the D/L/QP revealed: -The facility had completed the internal investigation for the allegation staff #2 smoked with client #2 -The internal investigation was unfounded -Had suspended staff #2 -Did not submit a report to the HCPR -"I will submit a report to the HCPR in the future ..."	V 132		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.	V 133		

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V 133	Continued From page 27 (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 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	V 133		

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V 133	Continued From page 28 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 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	V 133		

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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 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

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V 133	Continued From page 30 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 impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (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	V 133		

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V 133	Continued From page 31 shall be guilty of a Class A1 misdemeanor. (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: (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. (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.) This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to check the criminal history for 1 of 5 current staff (#2) and 1 of 1 Former Staff (FS #1) within 5 days of making the conditional offer of hire. The findings are: Review on 2/21/23 of FS #1's record revealed: -A hire date of 1/12/23 -A separation date of 2/16/23 -A job description of Paraprofessional -A criminal history check was accessed on 1/18/23 Review on 2/21/23 of staff #2's record revealed: -A hire date of 1/12/23 -A job description of Paraprofessional	V 133		

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V 133	Continued From page 32 -A criminal history check was accessed on 1/27/23 Interview on 2/21/23 with the House Manager (HM) revealed: -Was aware criminal history checks were to be accessed within 5 business days of making the conditional offer of employment -"In the future, I will make sure I complete the checks before staff are hired ..." Interview on 2/21/23 with the Director/Licensee/Qualified Professional revealed: -Was background checks were to be completed within 5 business days of making the conditional offer of employment. -"In the future, I will make sure they are completed properly ..."	V 133		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or	V 296		

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V 296	Continued From page 33 adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan. This Rule is not met as evidenced by: Based on observation, record reviews, and interviews, the facility failed to ensure at least two direct care staff were present when one, two, three or four adolescents were present affecting 3 of 3 audited clients (#1, #2 and #3). The findings are:	V 296		

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V 296	Continued From page 34 Observations on 2/17/23 at 3:35pm revealed: -The House Manager (HM) arrived at the facility with client #1 -There was no second staff in the vehicle. -The Director/Licensee/Qualified Professional (D/L/QP) was in the facility with client #2 Observations on 2/20/23 at 9:45am revealed: -The HM and client #3 were present at the facility -There was no second staff on shift -At 10:00am on 2/20/23, the D/L/QP arrived at the facility Observations on 2/21/23 at 11:51am revealed: -The D/L/QP left the facility to pick up a client #1 at 11:51am -From 11:51am to 12:35pm the HM and client #1 were alone at the facility with no second staff -At 12:35pm, the D/L/QP arrived with client #1 Further observations on 2/21/23 from 1:38pm to 1:56pm revealed: -The D/L/QP left the facility with client #3 at 1:38pm -Present at the facility was the HM and client #1 with no second staff -The D/L/QP returned to the facility at 1:56pm with client #3 Review on 2/21/23 of the facility's communication and service notes log revealed: -1/7/23 "When I arrived children were out with another staff member. When they returned everyone greeted me ..." -1/10/23 "When I arrived another worker took [client #1] on a walk. [Client #2] and [client #3] were watching and talking to each other. [Client #1] and the staff came back and started playing cards ..." -1/10/23 "[Client #1] and [client #3] went bowling with [the House Manager]. I stayed back with	V 296		

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V 296	Continued From page 35 [client #2]. He didn't feel good ..." -1/11/23 "When the other staff arrived with [client #3] she took the kids to grab a pizza for dinner ..." -1/20/23 "When I arrived other staff had already left to pick [client #1] up ..." -2/6/23 " ...When I arrived, [staff #3] was here with all the consumers ..." -2/7/23 " ...When I arrived, [staff #3] was here with [client #1] and [client #2] ..." -2/8/23" ...When I arrived [client #1] was already home from school and was here with [the House Manager (HM)] ... -2/9/23 " ...I went to pick up [client #1] from school and to pick up [client #3]'s medicine ...upon arriving at the house, staff and [client #1] were here ..." -2/14/23 " ...Shortly after I arrived at the group home, [staff #3] had to go get [client #3] from school ...[Staff #3] arrived back and I started to make dinner ..." Interview on 2/21/23 with staff #2 revealed: -Worked on third shift -There were always two staff present on his shift Interview on 2/21/23 with the House Manager revealed: -Was aware there were to be 2 staff on every shift Interview on 2/21/23 with the LP revealed: -Was aware there were to be 2 staff on every shift Interview on 2/21/23 with the D/L/QP revealed: -Was aware there were to be 2 staff on every shift -"I find myself working to cover the shifts. There are supposed to be 2 staff on each shift. When we have to do errands, we will all go from now on or we will change the shift times to an hour earlier ..."	V 296		

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V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously	V 367		

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V 367	Continued From page 37 unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that	V 367		

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V 367	Continued From page 38 meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to submit Level III incident reports to the Local Management Entity (LME) within 72 hours as required. The findings are Review on 2/17/23 of the facility's incident reports revealed: -A level II incident report was completed for the allegation staff #2 smoked with client #2 -No documentation of a level III incident report for the allegation Review on 2/21/23 of the facility's internal investigation, dated 2/6/23 and completed by the Director/Licensee/Qualified Professional (D/L/QP) and the House Manager (HM) revealed: -"Description of the allegation: [client #2] was in the hospital and told his psychiatrist that he smoked with facility staff. He named [Former Staff #1 (FS #1)] at the hospital but changed his story to [staff #2]. [Client #2] was spoken to by [the Department of Social Services' Social Worker (DSS SW)] on 2/6 and expressed that he was mad because he was getting caught smoking at school and just made it up to take the attention off of him. [Client 2] stated he was sorry for telling likes. An emergency meeting was called for [staff #2] on 2/7 and he admitted to	V 367		

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having a smoking habit but denies every smoking with any of the kids during his shift. He as suspended until the 16th where he was allowed to resume his shifts after hearing anymore about [staff #2] smoking with consumers. [FS # 1] spoke with management on 2/9 and also admitted to having a smoking habit and denied smoking with the consumers. [FS #1] was suspended and never returned after being confronted ..."

Further review on 2/21/23 of the facility's internal investigation, dated 2/6/23 and completed by the D/L/QP revealed:
-"On 2/6 (2023) Lifeway Group Home had a visit from DSS (Department of Social Services)'s [social worker's name] with a complaint. [Staff #2] was accused of smoking with consumer (#2). [Staff #2] was spoken to on 2/7 (2023) and after a complete investigation was conducted, [staff #2] was suspended from 2/7 (2023) to 2/16 (2023). This is [staff #2]'s first written warning. If he is accused of, seen or evidence is found that he has smoked with a consumer, [staff #2] will be terminated and the health care registry will be contacted for further investigation."

Attempted interviews on 2/20/23 and 2/21/23 with FS #1 were not successful as telephone calls were not returned.

Interview on 2/21/23 with staff #2 revealed:
-Was a cigarette smoker, but quit a week ago
-Admitted to smoking marijuana
-"Yes, I smoke marijuana at home. They did not drug test me. I was up front with the DSS SW and told her ..."
-Did not smoke at the facility or with any of the clients.
-"[The D/L/QP] and [the HM] said they said they

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LIFE-WAY HOMES	1141 AMBERLIGHT CIRCLE SALISBURY, NC 28144

(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 367	Continued From page 40 would do a drug test and I told them this was what I did and would test positive for marijuana ..." Interview on 2/21/23 with the House Manager revealed: -While client #2 was in the hospital, he alleged he smoked with staff -"When he returned from the hospital, he first stated he smoked cigarettes with [FS #1] and then he said it was [staff #2]. Then he said it wasn't cigarettes, but marijuana. We did an internal investigation and unsubstantiated the allegation ..." -FS #1 never returned to the facility -Staff #2 was still suspended Interview on 2/21/23 with D/L/QP revealed: -Two staff were working when client #2 alleged he was smoking with one of them. -Stated "he was smoking a black and mild (tobacco product) with [FS #1] and then later it was changed to [staff #2]. When he came back from the hospital, he said it was marijuana. -Was not aware staff #2 admitted he smoked marijuana	V 367		