

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-237	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/28/2023
NAME OF PROVIDER OR SUPPLIER ALAMANCE HOMES II		STREET ADDRESS, CITY, STATE, ZIP CODE 801 N MEBANE STREET BURLINGTON, NC 27217		
(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 February 28, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
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 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.	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 108	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure staff had training in Cardiopulmonary Resuscitation and First Aid for one of three audited staff audited (Staff #5). The findings are:</p> <p>Review on 2/28/23 of Staff #5's personnel file revealed: -Staff #5 had a hire date of 7/14/22. -Staff #5 was hired as a Paraprofessional. -There was no documentation of Cardiopulmonary Resuscitation and First Aid training on file for Staff #5.</p> <p>Interview on 2/28/23 with Staff #5 revealed: -He worked full time at the facility. -He also worked for the sister facility across the street. -He worked alone at the facility. -He had completed the training, but believed the trainer never sent the certificate to the agency.</p> <p>Interview on 2/28/23 with Staff #4 revealed: -Staff #1 spent time alone with the clients at the house. -He believed that Staff #5 had completed training on First Aid and Cardiopulmonary Resuscitation and it may have been either wrongfully filed or the</p>	V 108		

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V 108	Continued From page 2 trainer never sent the certificate to the agency. -He confirmed Staff #5 had no documentation of training in Cardiopulmonary Resuscitation and First Aid on record.	V 108		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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V 111	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that an assessment was completed prior to the delivery of services affecting one of three audited clients (#2). The findings are: Review on 2/28/23 of Client #2's record revealed: -Admission date of 8/18/21. -Diagnoses of Schizophrenia; Bipolar Disorder; Attention Deficit Hyperactivity Disorder; Post Traumatic Stress Disorder; Adjustment Disorder; Unspecified Neurodevelopment Disorder. -There was no evidence of an admission assessment completed for Client #2 prior to the delivery of services. Interview on 2/28/23 with staff #4 revealed: -The Qualified Professional was responsible for completing the admission assessment. -He thought the assessment was completed, but was misfiled. -He acknowledges that client #2's file did not have an admission assessment.	V 111		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or	V 112		

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V 112	<p>Continued From page 4</p> <p>legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to have a Person Centered Plan with 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 affecting three of three clients (#1, #2 and #3). The findings are:</p> <p>Review on 2/28/23 of client #1's record revealed: -Admission date of 6/2/19.. -Diagnoses of Schizophrenia; Bipolar I Disorder;</p>	V 112		

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V 112	Continued From page 5 Type II Diabetes; Osteoarthritis; Vitamin B Deficiency; Hyperlipidemia; Abscess on Right Knee; Abdominal Bruit. -Client #1's Person Centered Plan had no current written consent or agreement by the client or responsible party. Review on 2/28/23 of client #2's record revealed: -Admission date of 8/18/21. -Diagnoses of Schizophrenia; Bipolar Disorder; Attention Deficit Hyperactivity Disorder; Post Traumatic Stress Disorder; Adjustment Disorder; Unspecified Neurodevelopment Disorder. -Client #2's Person Centered Plan had no current written consent or agreement by the client or responsible party. Review on 2/28/23 of client #3's record revealed: -Admission date of 10/12/22. -Diagnoses of Paranoid Schizophrenia; Marijuana Abuse; Depression, Unspecified. -Client #3's Person Centered Plan had no current written consent or agreement by the client or responsible party. Interview on 2/28/22 with staff #4 revealed: -Qualified Professional was responsible for completing the Person Center Plans. -It had been hard to get the client's guardians to sign the Person Center Plans. -He also felt that the Qualified Professional was still new and was still getting the things that she needed to get. -He confirmed that the Person Centered Plans for clients #1, #2 and #3 had no written consent or agreement by the client or responsible party.	V 112		
V 114	27G .0207 Emergency Plans and Supplies	V 114		

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V 114	<p>Continued From page 6</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies quarterly and for each shift. The findings are:</p> <p>Review on 2/28/23 of the facility's fire drill log revealed the following: -There were no Fire drills conducted for the second quarter of 2022. -There were no Fire drills conducted for the fourth quarter of 2022.</p> <p>Review on 2/28/23 of the facility's disaster drill log revealed the following: -There were no Disaster drills conducted for the second quarter of 2022. -There were no Disaster drills conducted for the third quarter of 2022. -There were no Disaster drills conducted for the fourth quarter of 2022.</p>	V 114		

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V 114	Continued From page 7 Interview on 2/28/23 with Staff #4 revealed: -He believed he was the only person completing the drills. -He may have missed a few drills. -He acknowledged that the drills were not being conducted as they were supposed to be. -He believed the house operated under only one shift as the staff were considered live in staff. They came and worked for 4 days straight. -He confirmed the facility failed to conduct fire disaster drills under conditions that simulate emergencies quarterly and for each shift. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:	V 118		

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V 118	<p>Continued From page 8</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed failed to: A) Ensure physician's orders were available affecting one of three audited current clients (#1) and B) Ensure medication was available according to the physician order for three of three audited clients (#1, #2 and #3); The findings are:</p> <p>A) The following is evidence the facility failed to ensure physician's orders were available.</p> <p>Review on 2/28/23 of client #1's record revealed: -Admission date of 6/2/19.. -Diagnoses of Schizophrenia; Bipolar I Disorder; Type II Diabetes; Osteoarthritis; Vitamin B Deficiency; Hyperlipidemia; Abscess on Right Knee; Abdominal Bruit.</p> <p>Observation on 2/28/23 at approximately 10:30 am of client #1's medications revealed: -Metformin 500 milligrams (mg.) -Acetaminophen 650 mg.</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>-Chlorhexidine Gluconate 0.12%. -Atorvastatin 40 mg. -Trazodone 100 mg. -All of the above medications were available for administration.</p> <p>Review on 2/28/23 of the MARs for client #1 revealed: -February 2023, January 2023 and December 2022-All of the above medications were listed and administered by staff.</p> <p>Reviews on 2/28/23 of client #1's physician's orders record revealed: -There were no physician's orders for the above medications.</p> <p>B) The following is evidence the facility failed to ensure medication was available according to the physician order:</p> <p>Review on 2/28/23 of client #1's record revealed: -Admission date of 6/2/19.. -Diagnoses of Schizophrenia; Bipolar I Disorder; Type II Diabetes; Osteoarthritis; Vitamin B Deficiency; Hyperlipidemia; Abscess on Right Knee; Abdominal Bruit.</p> <p>Review on 2/28/23 of physician's order dated 2/15/23 for client #1 revealed: -Denta 5000 Cream, apply a pea size to tooth brush and brush teeth daily.</p> <p>Observation on 2/28/23 at approximately 10:30 am of client #1's medications revealed: -Denta 5000 Cream had an expiration of 8/9/21.</p> <p>Review on 2/28/23 of the MARs for client #1 revealed: -February 2023, January 2023 and December</p>	V 118		

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V 118	<p>Continued From page 10</p> <p>2022-Denta 5000 Cream was listed and administered by staff.</p> <p>Review on 2/28/23 of client #2's record revealed: -Admission date of 8/18/21. -Diagnoses of Schizophrenia; Bipolar Disorder; Attention Deficit Hyperactivity Disorder; Post Traumatic Stress Disorder; Adjustment Disorder; Unspecified Neurodevelopment Disorder.</p> <p>Review on 2/28/23 of physician's order dated 1/31/23 for client #2 revealed: - Ingrezza 40 mg, one tablet daily.</p> <p>Observation on 2/28/23 at approximately 10:45 am of client #1's medications revealed: -Ingrezza 40 mg was not available.</p> <p>Review on 2/28/23 of the MARs for client #2 revealed: -February 2023, January 2023 and December 2022-Ingrezza 40 mg was listed and administered by staff.</p> <p>Review on 2/28/23 of client #3's record revealed: -Admission date of 10/12/22. -Diagnoses of Paranoid Schizophrenia; Marijuana Abuse; Depression, Unspecified.</p> <p>Review on 2/28/23 of physician's order dated 1/31/23 for client #3 revealed: Zolpidem 10 mg, one tablet daily at bedtime.</p> <p>Observation on 2/28/23 at approximately 11:00 am of client #3's medications revealed: -Zolpidem 10 mg was not available</p> <p>Interview on 2/28/23 with client #3 revealed: -Staff gave him his medications daily.</p>	V 118		

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V 118	Continued From page 11 Interview on 2/28/23 with staff #4 revealed: -Regarding not having physician's orders for some of client #1's medications: -He believed all the medications had been listed on client #1's FL2. -He acknowledges that some of client #1's medications were not listed on his FL2 and doctor's orders were not in his file. -Regarding missing medications: -He would come to work on Mondays and he followed the MAR as the previous staff had been following. -He acknowledged that he should have checked the medications as he gave them to the clients. -Since the medications came in a bubble pack, he assumed that they are all there. -He did not know if some of the medications that were not at the house had been previously discontinued by the clients doctor. -He acknowledges that some of the client's medications were either expired or not available at the home. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118			
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or	V 290			

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V 290	<p>Continued From page 12</p> <p>habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by:</p>	V 290		

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V 290	Continued From page 13 Based on records reviews and interviews, the facility failed to assess a client's capability of having unsupervised time in the community and being at the home without supervision affecting one of three audited clients (#3). The findings are: Review on 2/28/23 of Client #3's record revealed: -Admission date of 10/12/22. -Diagnoses of Paranoid Schizophrenia; Marijuana Abuse; Depression, Unspecified -There was no documentation that client #3 had been assessed for capability of having unsupervised time at home or in the community without supervision. Interview on 2/28/23 with client #3 revealed: -He had been at the house for a few months. -He was allowed to walk unsupervised to the store near the house. Interview on 2/28/23 with Staff #4 revealed: -All clients had unsupervised time. -He was unaware that client #3 did not have an unsupervised time assessment. -He thought the Qualified Professional had met with him to complete the assessment. -Client #3 was still new to the house. "Maybe that is why he did not have an unsupervised time assessment in his chart." -He acknowledged that client #3 did not have an unsupervised time assessment in his file.	V 290		
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	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-237	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/28/2023
NAME OF PROVIDER OR SUPPLIER ALAMANCE HOMES II		STREET ADDRESS, CITY, STATE, ZIP CODE 801 N MEBANE STREET BURLINGTON, NC 27217		
(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 736	<p>Continued From page 14</p> <p>odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 2/28/23 at 12:00 PM of the Kitchen revealed: -Linoleum flooring had several broken tiles exposing the wood floor underneath. -Popcorn ceiling had several water damage stains. Some areas bubbling up and peeling off. -Door next to the refrigerator and leading to client #5's bedroom was dirty and stained. -Refrigerator had old and expired produce on the bottom drawer.</p> <p>-</p> <p>Observation on 2/28/23 at 12:05 PM of the Seat-in area/TV room revealed: -There were sheets covering both of the couches. -Paint on the wall behind the blue couch had scratches and was peeling off.</p> <p>Observation on 2/28/23 at 12:10 PM of the Bathroom by the Seat-in area/TV room revealed: -Paint on door frame was peeling off. -Door had no working lock.</p> <p>Observation on 2/28/23 at 12:14 PM of the Bathroom inside Laundry Room revealed: -Floor was very soft. -Toilet was missing the lid for the tank. -Paint was peeling off from the window frame.</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-237	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/28/2023
NAME OF PROVIDER OR SUPPLIER ALAMANCE HOMES II		STREET ADDRESS, CITY, STATE, ZIP CODE 801 N MEBANE STREET BURLINGTON, NC 27217		
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V 736	<p>Continued From page 15</p> <p>Observation on 2/28/23 at 12:18 PM of client #2's Bedroom revealed: -There was a fist size hole on the wall. -Ceiling light did not work.</p> <p>Observation on 2/28/23 at 12:23 PM of clients #1 and #6's Bedroom revealed: -Walls were dirty, badly painted and needed to be repainted.</p> <p>Observation on 2/28/23 at 12:27 PM of client #5's Bedroom revealed: -Messy Room. -Strong musky odor. -Drawers from dresser were broken.</p> <p>Observation on 2/28/23 at 12:30 PM of the Outside revealed: -Grass was tall at different places.</p> <p>Interview on 2/28/23 with Staff #4 revealed: -He was aware that some of the thing previously identified were still uncorrected. -List of things to be fixed was given to the landlord, but he had not made the repairs. -Landlord had come a couple of times and then stopped coming. -He acknowledged that facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		