

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1808 CONOVER DRIVE FAYETTEVILLE, NC 28304		
(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 10, 2023. 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 6. 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; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and	V 105		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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V 105	Continued From page 1 (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			

Division of Health Service Regulation

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews the Licensee failed to ensure delegation of management authority for the operation of the facility and services. The findings are:</p> <p>Review on 2/2/23 of the Client and Staff Census for the facility completed by the Licensee revealed: -1 Licensee -1 "Staff as Needed" Former Staff (FS #1) -1 Qualified Professional/Registered Nurse (QP/RN)</p> <p>Review on 2/3/23 of the facility's governing body policy for delegation of management authority revealed: - "The Qualified Professional will be the primary contact person (24/7) and will respond within thirty minutes of being notified of a crisis situation at the facility. The Manager will be the alternate contact person on an emergency basis."</p> <p>Observation and Interview on 2/2/23 between 1:05 pm - 4:00 pm at the facility revealed: -Client #4 spoke through the front door before opening the door. -Client #4 stated the Licensee was not present at the facility. -The Licensee was the only staff. -Client #2 and #4 were present at the facility with no staff. -The Licensee left an hour prior and would return by 5 pm. -At 1:55 pm Client #1 walked to the facility and used a key to gain entry through a side door.</p>	V 105		

Division of Health Service Regulation

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V 105	Continued From page 3 -At 2:25 pm a white van (Psychosocial Rehabilitation) arrived at the facility and dropped client #5 and client #6 off. -At 3:55pm the Licensee arrived at the facility. Interview on 2/3/23 FS #1 stated: -She no longer worked at the facility. -She was unsure of the last time she worked. Interview on 2/2/23 the Licensee stated: -She left the facility around noon. -She was the only staff who worked at the facility. -She would not return to the facility until later between 3:30 or 4 pm. -She was at home and lived about an hour away and had to run errands. -The 2 clients at the home had 4 hours of unsupervised time, 2 clients were at the Psychosocial Rehabilitation and 2 clients were at work. -FS #1 was her back up but could not come to the facility because she had her grandchildren. Interview on 2/3/23 the QP/RN stated: -She worked at the facility since February 2022. -She had never worked as a designee when the Licensee was unavailable. -She worked a full time job. -She was not aware the facility's policy delegated her to provide coverage. This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 105		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL	V 107		

Division of Health Service Regulation

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V 107	Continued From page 4 REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided. (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or	V 107		

Division of Health Service Regulation

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V 107	<p>Continued From page 5 certification.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to maintain a complete personnel record for one of two staff (the Licensee) and one of one Former Staff (FS #1). The findings are:</p> <p>Review on 2/3/23 of the facility's records revealed: -No evidence of a personnel record for FS #1. -No evidence of a written job description, education, competency, work experience or other qualifications for FS #1's position.</p> <p>Review on 2/3/23 of the Licensee's personnel record revealed: -No evidence of a signed job description for the Licensee.</p> <p>Interview on 2/3/23 FS #1 stated: -She worked at the facility during 2022. -She no longer worked at the facility. -She was unsure when she started and when she stopped. -She worked as an as needed staff about 6 months.</p> <p>Interview on 2/3/23 the Licensee stated: -The former Qualified Professional (QP) for the facility took the Licensee and FS #1's personnel files and never returned them.</p>	V 107		

Division of Health Service Regulation

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V 107	Continued From page 6 -The current QP/Registered Nurse (RN) created another personnel file for her. -There was no signed job description for her as the Licensee or paraprofessional. -She was responsible for creating FS #1's personnel record. Interview on 2/3/23 the QP/RN stated: -She had not created a personnel file for FS #1. -She never met FS #1. -The Licensee had a complete personnel record. This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 107		
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	V 108		

Division of Health Service Regulation

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V 108	<p>Continued From page 7</p> <p>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.</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 review and interviews, the facility failed to ensure staff were trained in Cardiopulmonary Resuscitation (CPR) and First Aid affecting one of one Former Staff (FS #1). The findings are:</p> <p>Review on 2/3/23 of the facility's records revealed: -No evidence of a personnel record for FS #1. -No documentation FS #1 was trained in CPR and First Aid.</p> <p>Interview on 2/3/23 FS #1 stated: -She was trained in CPR and First Aid.</p> <p>Interview on 2/3/23 the Licensee stated: -FS #1 worked at the facility as needed. -FS #1 last worked a couple months ago. -She had not recalled the date FS #1 last worked. -FS #1 worked alone.</p>	V 108		

Division of Health Service Regulation

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V 108	Continued From page 8 -FS #1's personnel record was removed from the facility by the former Qualified Professional and never returned. This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation and must be corrected within 23 days.	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 employment system in the State Plan for MH/DD/SAS.	V 109		

Division of Health Service Regulation

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V 109	<p>Continued From page 9</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, one of one Qualified Professional/Registered Nurse (QP/RN) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are:</p> <p>Refer to V110 for evidence the QP/RN did not supervise the paraprofessional (Licensee).</p> <p>Refer to V112 for evidence the QP/RN did not develop clients' treatment plans based on assessment of the client.</p> <p>Refer to V113 for evidence the QP/RN did not document or review the clients' progress towards outcome.</p> <p>Review on 2/10/23 of the QP/RN's personnel record revealed: -No documentation of hire date. -Signed job description dated 2/11/22 with "Specific Responsibilities: Is responsible for the psycho-social active treatment programs. This includes overseeing the delivery of the treatment</p>	V 109		

Division of Health Service Regulation

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V 109	<p>Continued From page 10</p> <p>programs. Is responsible for scheduling psycho-social assessment Is responsible to see that the individual program plan is developed by the interdisciplinary team. Completes the necessary documentation in the treatment records. Subsequently the progress notes and also other necessary documentations. Orient and supervise the employee that provide the active treatment program. Perform other related duties as directed by the executive director."</p> <p>Interview on 2/3/23 the Licensee stated: -She had not written the job description for the QP/RN. -The QP/RN came to the facility twice a month. -The QP/RN worked on the client records. -She was unsure if the QP/RN completed the treatment plans.</p> <p>Interview on 2/10/23 the Licensee stated: -The QP/RN completed the treatment plans for client #1 and client #4. -The QP/RN was responsible for developing and implementing the client goals.</p> <p>Interview on 2/3/23 and 2/10/23 the QP/RN stated: -She worked at the facility since February 2022. -She wrote her own job description. -She was responsible for checking medications, review of the client records, review of medical information and completing treatment plans for the clients who do not attend the Psychosocial Rehabilitation Program. -She was responsible for the supervision of the Licensee. -She was unsure if Former Staff (FS) #1 worked at the facility before her. -She had never met FS #1. -She completed the treatment plans for client #1</p>	V 109			

Division of Health Service Regulation

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HEARTS OF HOPE HOME PLACE

**1808 CONOVER DRIVE
FAYETTEVILLE, NC 28304**

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V 109	Continued From page 11 and client #4. -She worked with the clients on their goals "to some extent." This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 109		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) 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. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision	V 110		

Division of Health Service Regulation

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V 110	<p>Continued From page 12</p> <p>plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record review and interview one of two staff (Licensee) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Refer to V105 for evidence the Licensee failed to follow the facility's policy for delegation of management authority.</p> <p>Refer to V107, V131, V133 for evidence the Licensee had no evidence of a personnel record for FS #1 to include criminal record checks and a Health Care Personnel Registry Check.</p> <p>Refer to V108 and V536 for evidence the Licensee was responsible for ensuring FS #1 and Qualified Professional/Registered had a required trainings to include Cardiopulmonary Resuscitation and alternatives to restrictive interventions.</p> <p>Refer to V112, V113, V290 for evidence the Licensee was responsible for ensuring client treatment plans were implemented, clients' progress towards goals was documented, consents for emergency care were completed and clients' capabilities for unsupervised time was assessed.</p> <p>Refer to V114 for evidence the Licensee had not completed any fire or disaster drills.</p>	V 110		

Division of Health Service Regulation

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V 110	Continued From page 13 Review on 2/3/23 of the Licensee's personnel record revealed: -Hire date: 8/20/12. Interview on 2/2/23 the Licensee stated: -She was the only staff who worked at the facility. -She became the facility's only staff full time June 2021. -She was responsible for FS #1's personnel record was complete to include hire date, education, experience, sign job descriptions and trainings. -She was responsible for hiring the staff and completing the personnel records to include criminal record checks and assessing the Health Care Personnel Registry. -She did not know she was responsible for implementing the client treatment plans and documenting the clients' progress towards goals. -She was responsible maintaining client records to include consents for emergency care and their capability for unsupervised time. -She was responsible for ensuring fire and disaster drills were completed per shift per quarter. This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 110			
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	V 112			

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1808 CONOVER DRIVE FAYETTEVILLE, NC 28304		
(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	<p>Continued From page 14</p> <p>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.</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, observation and interviews, the facility failed to develop and implement goals and strategies to address client needs for three of three audited clients (#1, #4, #5) and obtain written consent or agreement by the client or responsible party for one of three audited clients (#1). The findings are:</p> <p>Finding #1 Review on 2/3/23 of client #1's record revealed:</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
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V 112	<p>Continued From page 15</p> <p>-47 year old male. -Admitted on 11/1/12. -Diagnosis of Mild Intellectual Disability Disorder.</p> <p>Review on 2/3/23 of client #1's treatment plan dated 12/20/22 revealed: -No goals or strategies to address the client's goal of a work promotion. -No goals or strategies for time management and money management. -No strategies to address the goal of "Medications must be supervised at All times." -Plan "Target Date 12-20-22" -"Staff Responsible/Position [Licensee] - Administrator." -Plan not signed with agreement by the client.</p> <p>Observation on 2/2/23 at approximately 1:55pm at the facility revealed: -Client #1 walked to the facility and used a key to gain entry to the facility.</p> <p>Interview on 2/10/23 client #1's "Power of Attorney"/family member stated: -Client #1 informed her the Licensee had him sign a paper (treatment plan). -She was not aware the facility had a Qualified Professional/Registered Nurse (QP/RN). -Client #1 had "no concept of time or money." -Client #1's income was deposited into a joint account and she paid the facility.</p> <p>Interview on 2/3/23 client #1 stated: -The QP (former) had not been around for a while. -His goal was to get promoted at work. -He worked Monday through Friday from 9 am - 1 pm at a local grocery store. -He used public transportation to get to and from work.</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 16</p> <p>-No one met with him to develop his goals or discussed his treatment plan.</p> <p>Interview on 2/10/23 client #1 stated: -"They (Licensee and QP/RN) came up with the goals." -He met the new QP/RN a few days ago.</p> <p>Finding #2 Review on 2/3/23 of client #4's record revealed: -50 year old female. -Admitted 9/1/12. -Diagnoses of Schizophrenia, Dysthymic Disorder, Borderline Intellectual Functioning and Bipolar Disorder.</p> <p>Review on 2/3/23 of client #4's treatment plan dated 12/22/22 revealed: -No residential goals for the facility. -Psychosocial Rehabilitation (PSR) goals and strategies for employment and social skills. -No signature of the person responsible for the treatment plan.</p> <p>Interview on 2/3/23 and 2/10/23 client #4 stated: -She had not attended the PSR for about 2 years. -She was told by the PSR she completed the program. -The Licensee went over her treatment plan a couple days ago and she signed it. -She met the QP/RN yesterday (2/9/23). -She had not met with anyone to discuss or develop her goals. -She would like to get her own place and work. -No one had helped her with her goals. -Her daily activities included cleaning, chores, reading and watching television.</p> <p>Finding #3 Review on 2/3/23 of client #5's record revealed:</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 02/10/2023
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V 112	<p>Continued From page 17</p> <p>-65 year old female. -Admitted on 6/15/19. -Diagnoses of Schizophrenia, Hypertension, Diabetes and Intellectual Developmental Disorder.</p> <p>Review on 2/3/23 of client #5's treatment plan revealed: -No residential goals for the facility.</p> <p>Interview on 2/3/23 client #5 stated: -She attended the PSR two days a week. -She completed chores and fed the cats when she did not attend the program. -The Licensee sometimes left her and the other clients at the facility while she ran errands.</p> <p>Interview on 2/3/23 an 2/10/23 the Licensee stated: -She was unsure what a treatment plan was. -Treatment plans were the QP/RN's responsibility. -She left it to the QP/RN to develop and implement the client goals. -The QP/RN visited the facility twice a month. -She had not helped or implemented any of the clients' treatment goals. -Client #1 was no "good with money like coin and counting." -Client #1 wore a digital watch and used a digital clock to help with time. -Client #1 had his "own activities" if he did not go home, he went out with his friends on the weekend. -Client #4 had not attended the PSR for a while. -She had not asked that the attendance to the PSR be a goal for client #4. -Client #4 had ventured out on her own and moved into an apartment twice in the past. -As a result of client #4 being on her own, she</p>	V 112			

Division of Health Service Regulation

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V 112	<p>Continued From page 18</p> <p>was hospitalized for not taking her medications. -Client #4 told her she was on a waiting list for another apartment. -She encouraged client #4 to get up, do chores, hygiene and take medications. -Client #5 attends the PSR two days a week on Wednesdays and Thursdays. -She contacted the PSR for the treatment plan. -She had not provided any residential goals for client #5's treatment plan. -She had not met with the PSR to develop or review client #5's treatment plan.</p> <p>Interview on 2/3/23 and 2/10/23 the QP/RN stated: -She was responsible for the client treatment plans. -She had not met with clients #1, #4 and #5 to develop their treatment plans. -She had not reviewed individual treatment plans with the client. -She reviewed the information in the client records to develop their treatment plans. -She discussed with the Licensee about the clients signing their treatment plans but "would not say it was her (Licensee) responsibility." -Client #4 chose not to attend the PSR "at the moment." -The Licensee wanted client #4 to attend the PSR. -She had not reviewed client #5's treatment plan.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 112		
V 113	27G .0206 Client Records	V 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
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V 113	Continued From page 19 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable	V 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 02/10/2023
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V 113	<p>Continued From page 20</p> <p>disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to maintain a client record to include current consents for emergency care and progress toward client outcomes for three of three audited clients (#1, #4, #5). The findings are:</p> <p>Finding #1 Review on 2/3/23 of client #1's record revealed: -47 year old male. -Admitted on 11/1/12. -Diagnosis of Mild Intellectual Disability Disorder. -No current consent signed by the client granting permission to seek emergency care. -No documentation of progress toward outcomes for any of client #1's goals.</p> <p>Finding #2 Review on 2/3/23 of client #4's record revealed: -50 year old female. -Admitted 9/1/12. -Diagnoses of Schizophrenia, Dysthymic Disorder, Borderline Intellectual Functioning and Bipolar Disorder. -No current consent signed by the client granting permission to seek emergency care. -No documentation of progress toward outcomes for any of client #4's goals.</p> <p>Finding #3 Review on 2/3/23 of client #5's record revealed:</p>	V 113			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
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V 113	<p>Continued From page 21</p> <p>-65 year old female. -Admitted on 6/15/19. -Diagnoses of Schizophrenia, Hypertension, Diabetes and Intellectual Developmental Disorder. -No current consent signed by the guardian granting permission to seek emergency care. -No documentation of progress toward outcomes for any of client #5's goals.</p> <p>Interview on 2/3/23 the Licensee stated: -She did not have any updated consents for emergency treatment for client #1, #4 or #5. -She had not completed any process notes for client #1, #4 or #5. -She was not aware she was supposed to document any of the clients' progress towards their goals.</p> <p>Interview on 2/3/23 the Qualified Professional/Registered Nurse stated: -She had not completed any progress notes for any client at the facility. -She had not reviewed any progress notes completed by the licensee.</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 113		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and</p>	V 114		

Division of Health Service Regulation

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V 114	<p>Continued From page 22</p> <p>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 interviews the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 2/3/23 of the facility's records revealed: -No documentation of any fire or disaster drills for the last 4 quarters January 2022 - December 2022.</p> <p>Review on 2/2/23 of the Division of Health Service Regulation's construction survey dated 8/10/22 revealed: -"1. At the time of the survey two live fire drills were performed. At the time two (2) residents were on-site. None of the residents responded or evacuated when the alarm was sounded. All residents remained in their bedrooms."</p> <p>Interview on 2/3/23 client #1 stated: -Fire and Disaster drills were completed "here and there."</p>	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 02/10/2023
NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1808 CONOVER DRIVE FAYETTEVILLE, NC 28304		
(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 114	<p>Continued From page 23</p> <p>Interview on 2/3/23 client #4 stated: -She was unsure if the facility completed fire and disaster drills. -She had not participated in a fire or disaster drill.</p> <p>Interview on 2/3/23 client #5 stated: -The facility last had a fire drill "a month or 2 ago." -For disaster drills they went to the nearby school.</p> <p>Interview on 2/3/23 the Licensee stated: -No fire or disaster drills were completed in the past year. -She became the full time staff around June 2021 and had not "thought about it" (drills). -4 of the 6 clients had been at the facility for over 25 years and knew what to do. -She had not recalled a live fire drill during the construction survey.</p> <p>Interview on 2/3/23 the Qualified Professional/Registered Nurse stated: -"As far as I know" fire and disaster drills were completed. -She spoke with the Licensee about completing fire and disaster drills.</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 114			
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall</p>	V 118			

Division of Health Service Regulation

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V 118	<p>Continued From page 24</p> <p>only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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 record reviews, observations and interviews, the facility failed to 1). the facility failed to administer medications on the written order of a physician 2.) ensure medications administered were recorded on each client's MAR immediately after administration 3.) ensure medications</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 02/10/2023
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V 118	<p>Continued From page 25</p> <p>self-administered by clients on a written order of a physician for three of three audited clients (#1, #4, #5). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V120) Based on record reviews, observations and interviews, the facility failed to 1.) ensure a refrigerated medication was kept in a locked compartment or container for one of three audited clients (#1, #2.) ensure medications were securely locked for two of three audited clients (#4, #5).</p> <p>Cross Reference: 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V123) Based on record reviews and interviews, the facility failed to notify the physician or pharmacist immediately of medication errors affecting one of three audited clients (#5).</p> <p>Finding #1 Review on 2/3/23 of client #1's record revealed: -47 year old male. -Admitted on 11/1/12. -Diagnoses of Mild Intellectual Disability Disorder. -No documentation of a signed physician order for Immune Supplement and Multivitamin Supplement. -No documentation of a self administration order for Stelara 90 milligram (mg).</p> <p>Review on 2/3/23 of a signed physician order dated 10/18/22 revealed: -Stelara 90 mg prefilled syringe inject 1 shot every 8 weeks (Ulcerative Colitis).</p> <p>Review on 2/3/23 and 2/6/23 of client #1's MARs from November 1, 2022 - February 3, 2023 revealed: -No evidence of a MAR for January 2023.</p>	V 118			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1808 CONOVER DRIVE FAYETTEVILLE, NC 28304		
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V 118	<p>Continued From page 26</p> <p>Interview on 2/3/23 client #1 stated: -He received over the counter medications daily. -He self-administered via subcutaneous injection his Stelara medication as the Licensee observed.</p> <p>Finding #2 Review on 2/3/23 of client #4's record revealed: -50 year old female. -Admitted 9/1/12. -Diagnoses of Schizophrenia, Dysthymic Disorder, Borderline Intellectual Functioning and Bipolar Disorder. -No physician order for Lisinopril 5 mg daily for essential hypertension.</p> <p>Review on 2/3/23 and 2/6/23 of client #4's MARs from November 1, 2022 - February 3, 2023 revealed: -Lisinopril 5 mg was administered daily.</p> <p>Observation on 2/3/23 between 1:45 pm - 2:00 pm of client #4's medications revealed: -Lisinopril was available for administration.</p> <p>Interview on 2/3/23 client #4 stated: -She received her medications daily. -She was unsure of the medications she took. -Her medications were placed on the table in the morning for her to take.</p> <p>Finding #3 Review on 2/3/23 of client #5's record revealed: -65 year old female. -Admitted on 6/15/19. -Diagnoses of Schizophrenia, Hypertension, Diabetes and Intellectual Developmental Disorder.</p> <p>Review on 2/3/23 and 2/6/23 of signed physician</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 02/10/2023
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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 118	<p>Continued From page 27</p> <p>orders for client #5 revealed: -8/2/22 - Lisinopril 20 mg daily discontinued on 12/15/22 (Hypertension). -9/8/22 - Jardiance 10 mg daily for Type 2 Diabetes discontinued on 12/16/22.</p> <p>Review on 2/3/23 and 2/6/23 of client #5's MARs from November 1, 2022 - February 3, 2023 revealed: -Lisinopril 20 mg stopped on 12/16/22 then administered daily from January 1, 2023 - February 3, 2023. -Jardiance 10 mg continued to be administered after daily until February 3, 2023.</p> <p>Interview on 2/3/23 client #5 stated: -She took her medications daily. -Her medications were on the table when she woke up. -She did not know what medications she took.</p> <p>Interview on 2/3/23, 2/6/23 and 2/10/23 the Licensee stated: -Each client knew what medications they took. -She pre-poured medications into small containers each morning for each client. -Each client took their medication whenever they woke up. -She had not completed a MAR for client #1 for the month of January 2023. -She requested a blank copy of a MAR from the pharmacy. -Client #1 did not take any prescribed daily medications. -Client #1 received over the counter immune and multivitamin supplements. -Client #1 self administered his Stelara medication every 8 weeks while she observed. -She had not been trained to administer client #1's subcutaneous injection for Stelara.</p>	V 118			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1808 CONOVER DRIVE FAYETTEVILLE, NC 28304		
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V 118	<p>Continued From page 28</p> <p>-Client #1 was trained on how to inject his Stelara by his medical provider before starting the medication.</p> <p>-There was no self-administration order for client #1</p> <p>-She had not received physician orders for client #4.</p> <p>-She contacted the pharmacy for the physician orders.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>Review on 2/10/23 of a Plan of Protection (POP) dated 2/10/23 and signed by the QP revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? QP [QP] will ensure clients medication is 1. Given As Ordered by the Doctor 2. Client has orders to admin their own medication 3. D/C (Discontinued) Med (Medication) is removed from MAR and meds are securely kept. - QP will monitor home staff (Staff administering med) - This monitor will start in the new week and completed in 3 weeks, continued monitoring To ensure the completion of this citation QP will review and revise Medication training as well as monitor staff with medication administration. QP will ensure Level I Report in been filled out and reporting of med error is completed within 24 hrs (hours).</p> <p>-Describe your plans to make sure the above happens. QP will come in every 2 days to monitor ensuring an order to admin (administer) med, meds are surely kept and Staff will now start reporting med error to Rx (pharmacy) and MD (Medical Doctor).</p> <p>(Written for V289 but completed on V118 POP)</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
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V 118	<p>Continued From page 29</p> <p>-"Describe your plans to make sure the above happens. 1. Staff will be trained on Medication documentation, administration as well as security. Emergency Planning 2. Present PCP (Person Centered Plan) will be revised and reviewed with patient and staff to reflect current need 3. New employee and present will have criminal background check, personal Registry completed Intervention for egression and all other required training and documented in staff file 4. Present QP with review with contracted QP all areas of safety and requirement to competently operate home 5. [QP] will be the selected administrative on call person until another staff is trained. Contracted QP will monitor and document the progress of training and revision as it relates to this citation."</p> <p>The facility served 6 clients with various diagnoses to include Mild Intellectual Disability Disorder, Schizophrenia, Dysthymic Disorder, Borderline Intellectual Functioning, Bipolar Disorder, Hypertension and Diabetes. The Licensee was the only staff at the facility who administered medications. The Licensee had not administered medications as ordered, ensured a self administration order and stopped medications after the medication was discontinued. The Licensee pre-poured medications and did not ensure medications were kept secured. Client #1 self administered his subcutaneous injection Stelara while the Licensee monitored him, however she was not trained in how to administer subcutaneous injections. Client #5's Lisinopril was discontinued on 12/15/22 and was stopped however it was administered again on 1/1/23 with no new order. Client #5's Jardiance was discontinued on 12/16/22 and continued to be administered to client #5 until survey (2/3/23). Client #5 was</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
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V 118	Continued From page 30 prescribed Haloperidol 10 mg, Benzotropine 1 mg and Lorazepam 0.5 all three times daily. Client #5's morning and noon time medications were administered by the Licensee at the same time. The Licensee regularly administered medications with separate dosing time at the same time and had not consulted with the pharmacy or provider about medication errors. The clients' medications were left unsecured on the dining room table in individual containers with the client names. Client #1's Stelara was kept in his bedroom in his mini refrigerator. Client #5's medication for Ammonium Lactate 12% and Nystatin Cream were kept in client #5's bedroom. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 118		
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; (E) in a secure manner if approved by a physician	V 120		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1808 CONOVER DRIVE FAYETTEVILLE, NC 28304		
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V 120	<p>Continued From page 31</p> <p>for a client to self-medicate.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to 1.) ensure a refrigerated medication was kept in a locked compartment or container for one of three audited clients (#1, #2.) ensure medications were securely locked for two of three audited clients (#4, #5). The findings are:</p> <p>Finding #1 Review on 2/3/23 of client #1's record revealed: -47 year old male. -Admitted on 11/1/12. -Diagnoses of Mild Intellectual Disability Disorder. -Physician order for Stelara 90 milligram (mg) prefilled syringe inject 1 shot every 8 weeks. -No order for self administration for client #1's Stelara.</p> <p>Observation on 2/3/23 at approximately 4:48 pm during interview in client #1's bedroom revealed: -Client #1 had his Stelara 90 mg prefilled syringe in his personal refrigerator. There was no lock on the refrigerator and medication was not in a locked container.</p> <p>Interview on 2/3/23 client #1 stated: -He kept his Stelara medication in his refrigerator. -The Licensee gave him his over the counter</p>	V 120		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 02/10/2023
NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1808 CONOVER DRIVE FAYETTEVILLE, NC 28304			
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V 120	<p>Continued From page 32</p> <p>medications.</p> <p>Finding #2 Review on 2/3/23 of client #4's record revealed: -50 year old female. -Admitted 9/1/12. -Diagnoses of Schizophrenia, Dysthymic Disorder, Borderline Intellectual Functioning and Bipolar Disorder.</p> <p>Review on 2/3/23 of client #4's Medication Administration Record (MAR) for February 2023 revealed the following medications were administered on the morning of 2/3/23: -Risperidone 3 mg daily (Schizophrenia). -Ferrex 150 mg daily (Iron). -Lisinopril 5 mg daily for essential hypertension. -Loratadine 10 mg daily for seasonal allergic rhinitis. -Benztropine 1 mg twice daily (Mood/Mental). -Haloperidol 5 mg daily (Schizophrenia).</p> <p>Interview on 2/3/23 client #4 stated: -All clients medications were placed on the table in the morning. -If the Licensee was not at the facility, she would get up and take her medication. -Her medications were left on the table (2/3/23) and she took them around 11:30 - 11:45 am when she woke up.</p> <p>Finding #3 Review on 2/3/23 of client #5's record revealed: -65 year old female. -Admitted on 6/15/19. -Diagnoses of Schizophrenia, Hypertension, Diabetes and Intellectual Developmental Disorder.</p> <p>Review on 2/3/23 of client #5's MAR for February</p>	V 120			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1808 CONOVER DRIVE FAYETTEVILLE, NC 28304		
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V 120	<p>Continued From page 33</p> <p>2023 revealed the following medications were administered on the morning and noon of 2/3/23:</p> <ul style="list-style-type: none"> -Hydrochlorothiazide 12.5 mg every morning (Edema). -Folic Acid 1 mg daily (Supplement) -Docusate Sodium 100 mg daily (Stool) -Lisinopril 20 mg daily (Hypertension) -Aspirin 81 mg daily (Pain). - Risaquard Capsule daily (Stool) -Omeprazole 40 mg daily for Gastroesophageal reflux disease. -Jardiance 10 mg daily for Type 2 Diabetes. -Multivitamin daily (supplement). -Glipizide 5 mg twice daily before meals (Blood Glucose) -Oxcarbazepine 150 mg twice daily (Seizure). -Metformin 1000 mg twice daily with meals for Type 2 Diabetes. -Diphenhydramine 12.5 mg daily (Allergy). -Haloperidol 10 mg three times daily (Schizophrenia) -Benztropine 1 mg three times daily (Mood). -Lorazepam 0.5 mg three times daily (Anxiety). <p>Interview on 2/3/23 client #5 stated:</p> <ul style="list-style-type: none"> -Everyone had a "little cup" with their medications. -She did not know the name of any of the medications she took. <p>Observation on 2/3/23 at 10:00 am one of two dining tables revealed:</p> <ul style="list-style-type: none"> -Two small containers, one labeled for client #1 AM containing approximately 15 pills and a second container labeled for client #5 Noon containing approximately 3 pills. <p>Observation on 2/6/23 at 11:10 am one of two dining tables revealed:</p> <ul style="list-style-type: none"> -Two small containers, one labeled for client #1 	V 120		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1808 CONOVER DRIVE FAYETTEVILLE, NC 28304		
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V 120	<p>Continued From page 34</p> <p>AM containing medications and a second container labeled for client #5 Noon.</p> <p>Interview and Observation on 2/6/23 between 11:30 am - 12:30 pm while reviewing medications with Licensee at the dining table revealed:</p> <ul style="list-style-type: none"> -The Licensee believed client #5's Ammonium Lactate 12 % and Nystatin Cream were in client #5's room. -The Licensee asked client #5 if she had the medications and returned to the dining table with the Ammonium Lactate 12 % and Nystatin Cream medications given by client #5. -The Ammonium Lactate 12 % and Nystatin Cream were not kept locked and secured with other medications. <p>Interview on 2/3/23 the Licensee stated:</p> <ul style="list-style-type: none"> -Every morning before the clients were awakened, she placed each client medications in containers labeled with their name. -She documented all client medications as administered when she placed medication in containers. -Client #5 was the only client with a noon medication. -She placed client #5's scheduled noon medications in a separate container from her scheduled morning medications. -Each client took their medication she placed in their container when they "come to the table." -Morning medication containers had a "green lid" and night medications had "black writing." -Client #1 kept his Stelara medication in his refrigerator in his room. -Client #5 kept her Ammonium Lactate 12 % and Nystatin Cream in her room to apply it after her shower. -She did not know the medication needed to be locked. 	V 120		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 02/10/2023
NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1808 CONOVER DRIVE FAYETTEVILLE, NC 28304			
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V 120	Continued From page 35 -Most of the clients knew their medications and she asked them to check their medications before taking them. Interview on 2/3/23 the Qualified Professional/Registered Nurse stated: -Client medications are placed in containers marked with their individual names. -She had never seen the medication sitting on the dining table. This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.	V 120			
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 in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the physician or pharmacist immediately of medication errors affecting one of three audited clients (#5). The findings are:	V 123			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1808 CONOVER DRIVE FAYETTEVILLE, NC 28304		
(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 123	<p>Continued From page 36</p> <p>Review on 2/3/23 of client #5's record revealed: -65 year old female. -Admitted on 6/15/19. -Diagnoses of Schizophrenia, Hypertension, Diabetes and Intellectual Developmental Disorder.</p> <p>Interview on 2/3/23 client #5 stated: -She always took both her morning and noon medications at the same time when she woke up. -She had not felt drowsy or different when she took her medications at the same time.</p> <p>Interview on 2/3/23, 2/6/23 and 2/10/23 the Licensee stated: -Client #5 routinely took her scheduled morning and scheduled noon medications at the same time. -She allowed client #5 to sleep in when she did not attend the day program. -When client #5 slept in she took her morning and noon medications at the same time. -When client #5 attended the day program she took her morning and noon medications before leaving for the program. -The day program did not administer medications to the client. -Client #5 attended the day program two days a week from 8:30 am - 3:30 pm. -She had not discussed with the medical provider about medications being administered at the same time. -She had not completed any medication error reports.</p> <p>Interview on 2/3/23 and 2/10/23 the Qualified Professional/Registered Nurse stated: -She tried to do a "recommendation" with the Licensee about the clients sleeping in.</p>	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1808 CONOVER DRIVE FAYETTEVILLE, NC 28304		
(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 123	Continued From page 37 -It is fine if a daily medication is taken later but a medication that is supposed to be three times daily is "incorrect." -A client taking "medications too close to each other is an issue." -She "mentioned" to the Licensee medications were supposed to be given at scheduled time. -She had not completed any medication error reporting. This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.	V 123		
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 review and interviews the facility failed to access Health Care Personnel Registry (HCPR) check prior to hire for one of one former staff (FS#1). The findings are: Review on 2/3/23 of facility record revealed:	V 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1808 CONOVER DRIVE FAYETTEVILLE, NC 28304		
(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	Continued From page 38 -No personnel file for FS #1. -No evidence of a HCPR check for FS #1. Interview on 2/3/23 FS #1 stated: -She was no longer employed at the facility. -She was unsure of the date she started and the date she last worked. -She worked in the past year during 2022. Interview on 2/3/23 the Licensee stated: -FS #1 worked as needed. -There was no personnel record for FS #1. -She had not recalled when FS #1 started working. -FS #1 personnel record was removed from the facility by a former Qualified Professional and never returned. This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation and must be corrected within 23 days.	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	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1808 CONOVER DRIVE FAYETTEVILLE, NC 28304		
(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 133	Continued From page 39 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 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	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1808 CONOVER DRIVE FAYETTEVILLE, NC 28304		
(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 133	Continued From page 40 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 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	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
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V 133	Continued From page 41 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 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,	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
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V 133	Continued From page 42 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 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.	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
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V 133	<p>Continued From page 43</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 interview, the facility failed to request a criminal history record check for one of one Former Staff (FS #1). The findings are:</p> <p>Review on 2/3/23 of facility record's revealed: -No personnel file for FS #1. -No evidence of a criminal history record check.</p> <p>Interview on 2/3/23 FS #1 stated: -She worked at the facility as needed. -She was unsure of her hire date. -She worked about 6 months during 2022.</p> <p>Interview on 2/3/23 the Licensee stated: -FS #1 worked as needed. -There was no personnel record for FS #1. -She was unsure of FS #1's hire date. -FS #1 personnel record was removed from the facility by a former Qualified Professional and never returned.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 133		

Division of Health Service Regulation

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V 289	Continued From page 44	V 289		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
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V 289	<p>Continued From page 45</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to operate within its scope for three of three audited clients (#1, #4, #5). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0201 GOVERNING BODY POLICIES (V105) Based on record review, observation and interviews the Licensee failed to ensure delegation of management authority for the operation of the facility and services.</p> <p>Cross Reference: 10A NCAC 27G .0202</p>	V 289		

Division of Health Service Regulation

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V 289	<p>Continued From page 46</p> <p>PERSONNEL REQUIREMENTS (V107) Based on record reviews and interviews the facility failed to maintain a complete personnel record for one of two staff (the Licensee) and one of one Former Staff (FS #1).</p> <p>Cross Reference: 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (V108) Based on record review and interviews, the facility failed to ensure staff were trained in Cardiopulmonary Resuscitation (CPR) and First Aid affecting one of one Former Staff (FS #1).</p> <p>Cross Reference: 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONAL AND ASSOCIATE PROFESSIONAL (V109) Based on record review and interviews, one of one Qualified Professional/Registered Nurse (QP/RN) failed to demonstrate knowledge, skills and abilities required by the population served.</p> <p>Cross Reference: 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (V110) Based on record review and interview one of two staff (Licensee) failed to demonstrate the knowledge, skills and abilities required by the population served.</p> <p>Cross Reference: 10A NCAC 27G .0205 ASSESSMENT/AND TREATMENT/HABILITATION OR SERVICE PLAN (V112) Based on record reviews, observation and interviews, the facility failed to develop and implement goals and strategies to address client needs for three of three audited clients (#1, #4, #5) and obtain written consent or agreement by the client or responsible party for one of three audited clients (#1).</p>	V 289			

Division of Health Service Regulation

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V 289	<p>Continued From page 47</p> <p>Cross Reference: 10A NCAC 27G .0206 CLIENT RECORDS (V113) Based on record reviews and interviews the facility failed to maintain a client record to include current consents for emergency care and progress toward client outcomes for three of three audited clients (#1, #4, #5).</p> <p>Cross Reference: 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (V114) Based on record review and interviews the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift.</p> <p>Cross Reference: G.S. 131E-256 HEALTH CARE PERSONNEL REGISTRY (V131) Based on record review and interviews the facility failed to access Health Care Personnel Registry (HCPR) check prior to hire for one of one former staff (FS#1).</p> <p>Cross Reference: G.S. 122C-80 CRIMINAL HISTORY RECORD CHECK (V133) Based on record review and interview, the facility failed to request a criminal history record check for one of one Former Staff (FS #1).</p> <p>Cross Reference: 10A NCAC 27G .5602 STAFF (V290) Based on record reviews and interviews, the facility failed to ensure a clients' treatment or habilitation plan documented the client was capable of remaining in the home or community without supervision for specified periods of time affecting three of three audited clients (#1, #4, #5).</p> <p>Cross Reference: 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (V536) Based on record reviews and interviews, the facility</p>	V 289		

Division of Health Service Regulation

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V 289	<p>Continued From page 48</p> <p>failed to ensure one of two current staff (Qualified Professional/Registered Nurse(QP/RN)) and one of one Former Staff (FS #1) received training in alternatives to restrictive interventions.</p> <p>Review on 2/10/23 of a Plan of Protection for the facility signed by the Qualified Professional/Registered Nurse (QP/RN) dated 2/10/23 revealed:</p> <p>- "What immediate action will the facility take to ensure the safety of the consumers in your care? Contracted QP will ensure 1. Staff - All individuals working with patient will have proper training. 2. PCP (Person Centered Plan) will reflect patient's current status 3. There is a delegated personnel in case of emergency 4. Clients will have a consent for emergency care 5. Clients records will be completed as found deficient 6. Emergency plan and supplies will be in place 7. Staff files will be completed including criminal background personnel Registry and NCI (Non Crisis Intervention) but not Limited to Contracted QP will supervise the above citation including Unsupervised Time assessment, the Emergency Plans and Supplies, Competency of present QP and Paraprofessionals, Assessment of and correct of PCP to reflect present needs, staff training, client records. QP will ensure all new and present staff will have training in Safety Interventions, CPR (Cardiopulmonary Resuscitation) and First Aide, Health Care Personnel Registry is completed on a timely manner. Ensure clients have document permit to receive care."</p> <p>- "Describe your plans to make sure the above happens. These issues will be resolved/fixed and completed in 3 weeks and verified by contracted QP. QP will monitor the above stated training and documentation by observation and teaching of citation that are in deficiency."</p>	V 289			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
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V 289	<p>Continued From page 49</p> <p>The facility served 6 clients with various diagnoses to include Mild Intellectual Disability Disorder, Schizophrenia, Dysthymic Disorder, Borderline Intellectual Functioning, Bipolar Disorder, Hypertension and Diabetes. The Licensee was the only direct care staff for the facility. The Licensee failed to follow the policy for delegation of management authority which resulted in the delay of the onsite survey and clients left unsupervised. The Licensee had not provided treatment services to the clients as evidenced by treatment plans not being implemented, progress towards goals not documented and clients left unsupervised. Client #1, client #4 and client #5's treatment plans had not reflected their current treatment needs for residential goals. The Licensee had no knowledge of treatment plans. Client #1, client #4 and client #5 had not been assessed for unsupervised time in the home or community. The Licensee was responsible for the emergency plans and had not completed any fire or disaster drills within the past 4 quarters. The Licensee was also responsible for hiring staff and ensuring staff records were maintained. There was no evidence of FS #1's personnel record. The Licensee considered FS #1 as a current employee. The Licensee neglected to ensure staff were qualified and trained in CPR/First Aid and Alternatives to restrictive interventions.</p> <p>The QP/RN was responsible for the oversight of staff, developing treatment plans and maintaining client records. The QP/RN developed client treatment plans for client #1 and client #4 without the client. The plans developed had not identified the clients current needs or goals for unsupervised time, employment and residential goals. The treatment plans were given to the</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
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V 289	Continued From page 50 Licensee to have the clients sign. The QP/RN had not met with the clients and the clients had not known the QP/RN for the facility. The Licensee and QP/RN were neglectful in their operations of the supervised living facility by not identifying, developing and implementing the needs of the clients, ensuring clients were supervised except when treatment plans allow unsupervised time and ensuring the competency of the staff responsible for providing services. The Licensee had not ensured staff was qualified and trained prior to the delivery of services. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2000.00 is imposed. If the violation is not corrected within 23 days, an additional penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 289		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in	V 290		

Division of Health Service Regulation

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V 290	<p>Continued From page 51</p> <p>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: Based on record reviews and interviews, the facility failed to ensure a clients' treatment or habilitation plan documented the client was capable of remaining in the home or community without supervision for specified periods of time</p>	V 290		

Division of Health Service Regulation

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V 290	<p>Continued From page 52</p> <p>affecting three of three audited clients (#1, #4, #5). The findings are:</p> <p>Finding #1 Review on 2/3/23 of client #1's record revealed: -47 year old male. -Admitted on 11/1/12. -Diagnosis of Mild Intellectual Disability Disorder. -No evidence of an unsupervised time assessment to ensure the client was capable of remaining in the home or community without supervision for specified periods of time.</p> <p>Interview on 2/3/23 and 2/10/23 client #1 stated: -He had unsupervised time in the home and community. -He worked daily Monday - Friday from 9 am - 1 pm at a local grocery store. -He used public transportation to get back and forth to work. -He went out with his friends on the weekends.</p> <p>Finding #2 Review on 2/3/23 of client #4's record revealed: -50 year old female. -Admitted 9/1/12. -Diagnoses of Schizophrenia, Dysthymic Disorder, Borderline Intellectual Functioning and Bipolar Disorder. -No evidence of an unsupervised time assessment to ensure the client was capable of remaining in the home or community without supervision for specified periods of time.</p> <p>Interview on 2/3/23 and 2/10/23 client #4 stated: -She had unsupervised time in the home and community. -When she went into the community she normally came back within an hour or two. -The Licensee left her and another client in the</p>	V 290			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1808 CONOVER DRIVE FAYETTEVILLE, NC 28304		
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V 290	<p>Continued From page 53</p> <p>home sometimes from 12 pm - 4 pm.</p> <p>Finding #3 Review on 2/3/23 of client #5's record revealed: -65 year old female. -Admitted on 6/15/19. -Diagnoses of Schizophrenia, Hypertension, Diabetes and Intellectual Developmental Disorder. -No evidence of an unsupervised time assessment to ensure the client was capable of remaining in the home or community without supervision for specified periods of time.</p> <p>Interview on 2/3/23 client #5 stated: -The Licensee left her and the other clients at the facility while she ran errands.</p> <p>Observation and interviews on 2/2/23 between 1:00 pm - 4:00 pm during onsite visit at the facility revealed: -At 1:05 pm, client #4 answered the door and informed surveyor no staff was present at the facility. -Client #4 was present at the facility with another client. -Telephone call to the Licensee who stated she left the facility around noon and would return around 3:30 pm - 4:00 pm. -The Licensee stated she was over an hour away at her personal home. -At 1:55 pm client #1 returned to the facility and gained entry through a side door using a key. -At 2:25 pm client #5 and client #6 were transported and dropped off at the facility by a (PSR)white van. -At 3:55pm the Licensee arrived at the facility.</p> <p>Interview on 2/3/23 and 2/10/23 the Licensee stated:</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
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V 290	<p>Continued From page 54</p> <p>-Client #1 and #4 had unsupervised time in the home and community.</p> <p>-Client #1 worked at a local store and used public transportation.</p> <p>-Client #1 sometimes went on outings with his friends on the weekends.</p> <p>-Client #5 did not have unsupervised time in the home or community.</p> <p>-She had not left client #5 unsupervised.</p> <p>-She had left all the clients at the facility with no staff when she had to run to the store or transport a client to a medical appointment.</p> <p>Interview on 2/3/23 and 2/10/23 the Qualified Professional/Registered Nurse stated:</p> <p>-She was aware of client #1's unsupervised time.</p> <p>-She believed unsupervised time and access to a key for the facility for client #1 was appropriate.</p> <p>-She was not aware client #1's treatment plan only allowed unsupervised time in the home.</p> <p>-She believed there was an unsupervised time assessment for client #1.</p> <p>-She had not assessed client #4 and #5 for unsupervised time in the community.</p> <p>-She was unsure if the other clients in the home could "have or handle" unsupervised time.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 290		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-933	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
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V 536	Continued From page 55 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 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;	V 536		

Division of Health Service Regulation

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V 536	Continued From page 56 (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 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	V 536			

Division of Health Service Regulation

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V 536	Continued From page 57 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 need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached.	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 58</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(I) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure one of two current staff (Qualified Professional/Registered Nurse(QP/RN)) and one of one Former Staff (FS #1) received training in alternatives to restrictive interventions. The findings are:</p> <p>Finding #1 Review on 2/3/23 of facility record revealed: -No personnel file for FS #1. -No evidence of training in alternatives to restrictive interventions</p> <p>Interview on 2/3/23 FS #1 stated: -She did not recall if she was trained in alternatives to restrictive interventions.</p> <p>Finding #2 Review on 2/3/23 and 2/10/23 of the QP/RN's record revealed: -Job description signed 2/11/22. -No evidence of training in alternatives to restrictive interventions</p> <p>Interview on 2/3/23 the Licensee stated: -FS #1 personnel record was removed from the</p>	V 536			

Division of Health Service Regulation

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V 536	<p>Continued From page 59</p> <p>facility by a former Qualified Professional and never returned.</p> <p>Interview on 2/3/23 and 2/10/23 the QP/RN stated: -She had training in alternatives to restrictive interventions -"Was training required if she did not provide direct care?"</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 536		