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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 2/17/23. The complaint was substantiated (#NC196259). 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 6 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	V 105		

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

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement standards of practice that assured compliance with the licensee's policy on Admissions effecting 1 of 6 clients (Client #4). The findings are: Review on 2/16/23 of Licensee's Admissions Policy revealed: -" ...Prior to consideration of a potential program participant by the (Admission Committee) UMAR Services, Inc. must have the following information: a) UMAR application; ...; d) screening forms completed by UMAR or other providers ..." Record review on 2/14/23 for Client #4 revealed: -There was no new admission or screening assessment completed when client moved from sister facility to current facility on 7/16/22. Interview on 2/14/23 with Director of Quality Management reviewed: -Was not aware that new admissions documents needed to be completed with each facility move within the Licensee's homes.	V 105		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the	V 108		

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V 108	Continued From page 3 following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure that each staff were provided client specific trainings effecting 2 of 5 staff (Staff #3 and Staff #4). Record review on 2/8/23 of contract with Licensee and personnel agency revealed:	V 108		

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V 108	Continued From page 4 -"we (contracted personnel agency) encourage our clients (Licensee) to: Provide an orientation and training program to each health care professional at the time of hire." Record review on 2/14/23 for Staff #3 revealed: -Was hired through contracted personnel agency. -Worked at facility on 12/21/22. -No client specific training documentation was presented. Record review on 2/14/23 for Staff #4 revealed: -Was hired through contracted personnel agency. -Worked at facility on 12/22/22, 12/27/2022, 1/1/2023, 1/10/2023, 1/18/2023, 1/19/2023, 1/23/2023, 1/24/2023, 2/3/2023, 2/4/2023, 2/5/2023, 2/6/2023, 2/7/2023, 2/13/2023 (14 days). -No client specific training documentation was presented. Interview on 2/8/23 with Human Resource Specialist revealed: -She could not locate a complete training file for the contracted personnel staff. Their trainings were kept in 1 location but would continue to search for the documents. This deficiency constitutes a recited deficiency.	V 108		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.	V 118		

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V 118	Continued From page 5 (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to keep the MARs current and failed to ensure medications were administered on the written order of a physician for 3 of 6 clients (Clients #1, #2, #3). The findings are: Finding #1 Record review on 2/7/23 for Client #1 revealed: -Date of Admission: 1/19/81.	V 118		

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V 118	Continued From page 6 -Diagnosis: mild intellectual developmental disability. -Review of physician's orders dated 6/8/22 revealed: -Aspirin EC 81 milligram (mg) 1 tablet (tab) daily -Benazepril 10mg 1 tab daily -Cetirizine 10mg (allergies) 1 tab once daily -Levothyroxine 50 micrograms (mcg) 1 tab daily -Multivitamin (supplement) 1 tab daily -Vitamin B12 1000mcg (supplement)1 tab daily -Buspirone 10mg 1 tab twice daily -Fluticasone 50mcg (allergies) 1 spray in each nostril twice daily -Sertraline 25mg (depression) 1 tab at bedtime Review on 2/7/23 of Client #1's January 2023 MARs revealed: -Aspirin EC was initialed by Staff #2 from 1-8 below the 7am line where another staff had also initialed 1-7, 9-31. -Benazepril was initialed by Staff #2 from 1-8 below the 7am line where another staff had also initialed 1-7, 9-31. -Cetirizine was initialed by Staff #2 from 1-8 below the 7am line where another staff had also initialed 1-7, 9-31. -Levothyroxine was initialed by Staff #2 from 1-8 below the 7am line where another staff had also initialed 1-7, 9-31. -Multivitamin was initialed by Staff #2 from 1-8 below the 7am line where another staff had also initialed 1-7, 9-31. -Vitamin B12 was initialed by Staff #2 from 1-8 below the 7am line where another staff had also initialed 1-7, 9-31. -Buspirone was initialed by Staff #2 from 1-8 below the 7am line where another staff had also initialed 1-7, 9-31. The 8pm dose was initialed by Staff #2 from 1-7 but had not previously been signed.	V 118		

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-Fluticasone was initialed by Staff #2 from 1-8 below the 7am line where another staff had also initialed 1-7, 9-31. The 8pm dose was initialed by Staff #2 from 1-7 but had not previously been signed.
-Sertraline was initialed by Staff #2 above the 8pm line from 1-7 where another staff had initialed 1-6, 8-31.

Record review on 2/7/23 for Client #2 revealed:
-Date of Admission: 2/13/12.
-Diagnosis: mild intellectual developmental disability, mood disorder.
-Review of physician's orders dated 3/16/22 revealed:
-Chlorthalidone 25 milligram (mg) 1 tablet (tab) daily.
-Escitalopram 20mg (depression) 1 tab every am.
-Tri-estarylla (birth control) 1 tab daily.
-Lisinopril 20mg 1 tab twice a day.
-Trazadone 100mg (sleep) 1 tab at bedtime.

Review on 2/7/23 of Client #2's January 2023 MARs revealed:
-Chlorthalidone was initialed by Staff #2 from 1-8 below the 7am line where another staff had also initialed 1-7, 9-31.
-Escitalopram was initialed by Staff #2 from 1-8 below the 7am line where another staff had also initialed 1-7, 9-31.
-Tri-estarylla was initialed by Staff #2 from 1-8 below the 7am line where another staff had also initialed 1-7, 9-31.
-Lisinopril was initialed by Staff #2 from 1-8 below the 7am line where another staff had also initialed 1-7, 9-31 and initialed above the 8pm line from 1-7 where another staff had initialed 1-6, 8-31.
-Trazadone was initialed by Staff #2 above the

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V 118	Continued From page 8 8pm line from 1-7 where another staff had initialed 1-6, 8-31. Record review on 2/15/23 for Client #3 revealed: -Date of Admission: 9/17/22 -Diagnosis: moderate intellectual developmental disability, mood disorder, disruptive behavior disorder, dementia, controlled seizure disorder. -Review of physician's orders dated 10/25/22 revealed: -Esomeprazole 40mg (reflux) 1 capsule daily. -Memantine 10mg (dementia) 1 tab twice daily. -Donepezil 10mg (dementia)1 tab at bedtime. -Physician orders dated 11/29/22 revealed: -Aripiprazole 5mg (depression)1 tab daily. -Duloxetine 60mg (depression)1 capsule daily. -Lorazepam 0.5mg (anxiety) 1 tab at bedtime. -Lamotrigine 150mg (mood stabilizer) 1 tab twice daily. Review on 2/7/23 of Client #3's January 2023 MARs revealed: -Esomeprazole was initialed by Staff #2 from 1-8 below the 7am line where another staff had also initialed 1-7, 9-31. -Memantine was initialed by Staff #2 from 1-8 below the 7am line where another staff had also initialed 1-7, 9-31 and initialed above the 8pm line from 1-7 where another staff had initialed 1-6, 8-31. -Donepezil was initialed by Staff #2 above the 8pm line from 1-7 where another staff had initialed 1-6, 8-31. -Aripiprazole was initialed by Staff #2 from 1-8 below the 7am line where another staff had also initialed 1-7, 9-31. -Duloxetine was initialed by Staff #2 from 1-8 below the 7am line where another staff had also initialed 1-7, 9-31. -Lorazepam was initialed by Staff #2 above the	V 118		

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8pm line from 1-7 where another staff had initialed 1-6, 8-31.
-Lamotrigine was initialed by Staff #2 from 1-8 below the 7am line where another staff had also initialed 1-7, 9-31 and initialed above the 8pm line from 1-7 where another staff had initialed 1-6, 8-31.

Finding #2
Record review on 2/15/23 for Client #3 revealed:
-No physician's orders for:
-Drospirenone/estradiol (birth control) daily.
-Ferrous Sulfate 325mg (supplement) twice daily.
-Multivitamin (supplement) daily.
-Triamcinolone 55 mcg (allergies) 2 sprays each nostril daily.
-Ibuprofen 200mg 4 tabs every 8 hours as needed for pain.
-Lorazepam 1 mg every 8 hours as needed for severe anxiety.

Review on 2/7/23 of Client #3's 12/1/22-2/3/23 MARs revealed:
-Drospirenone/estradiol was administered 12/1/23-2/3/23 without an order. (65 doses)
-Ferrous Sulfate was administered 12/1/22-2/3/23 without an order. (130 doses)
-Multivitamin was administered 12/1/22-2/3/23 without an order. (65 doses)
-Triamcinolone was administered 12/1/22-2/3/22 without an order. (65 doses)
-Ibuprofen was administered 1/10/23 without an order and without justification written on the back of the MAR. (1 dose)
-Lorazepam was administered 1/1/23-1/9/23 in am and 1/1/23-1/7/23 in pm without an order and without justification written on the back of the MAR. (16 doses)

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Record review on 2/7/23 for Staff #2 revealed:
-Date of hire 5/9/22 as paraprofessional at Licensee's day program.
-Medication administration training- 5/16/22

Interview on 2/7/23 with Staff #2 revealed:
-Got call from Human Resources on 1/6/23 and went into facility at 8am on Saturday 7th.
-Stayed 1 night during emergency situation because there was no other staff.
-"I was very confused." She came once to visit before pandemic but was "not trained on anything. I tried to call residential staff. I had no idea what I was doing. I got help from someone at corporate but she's gone now."
-Knew all the residents because they came to the day program. Did not pass medications at day program.
-"I had no med admin training."
-"On the MAR, I filled in all days until the day I gave it. That's what it looked like I was supposed to do."
-Passed medications 1/7/23 pm and 1/8/23 am. "I looked at the MAR and at the label on meds."

Interview on 2/16/23 with the Day Program Director revealed:
-Staff #2 filled in only due to an emergency situation.
-She relieved Staff #2 on 1/8/23.
-Day program staff usually don't work in the facility and would not know about medications but this was an emergency.
-Staff #2 only worked 1 day.

Interview on with the Director of Quality Management revealed:
-Was aware things would be "not right" at the facility. The House manager left in early December then the Qualified Professional left not

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V 118	Continued From page 11 long after. -Staff #2 only filled in for emergency situation and only worked 1 day before the day director came in.	V 118		
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 ensure each staff member had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR) prior to date of hire for 1 of 5 audited staff (Staff #4). The findings are: Record review on 2/8/23 of contract with Licensee and personnel agency revealed: -"shall possess the qualifications required to perform the work for which they are contracted to provide in their particular field of practice. They shall also possess the required qualifications in the areas of education, certification, license, Physical and Mantoux test and criminal clearances, as required."	V 131		

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V 131	Continued From page 12 Record review on 2/13/23 for Staff #4 revealed: -Date of Hire at contracted personnel agency 11/30/21. -Date of HCPR verification- 2/9/23. -Worked at facility- 12/21/22. Interview on 2/16/23 with the Division Manager from the contracted personnel agency revealed: -Their recruiter from another office was responsible for completing the HCPR but was unable to locate it. Interview on 2/8/23 with Human Resource Specialist revealed: -She expected that the personnel agency took care of all background checks as required.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The	V 133		

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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
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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 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

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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 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

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V 133	Continued From page 15 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, 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	V 133		

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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.
(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);

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V 133	Continued From page 17 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to request a state or national criminal background check within 5 days of making the conditional offer of employment for 1 of 5 audited staff (Staff #1). The findings are: Record review on 2/13/23 for Staff #1 revealed: -Date of Hire 8/5/22. -Date of Criminal Background check completed on 8/2/22 but did not include SBI. Interview on 2/9/23 with Human Resource Specialist revealed: -She was not aware fingerprints were required for employees who had not lived in North Carolina for the past 5 years. -Scheduled Staff #1 on 2/9/23 to have fingerprints completed.	V 133		
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	V 290		

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V 290	Continued From page 18 capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interviews, the	V 290		

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V 290	Continued From page 19 facility failed to ensure the clients' treatment plan documented that the client was capable of remaining in the home or community without supervision effecting 1 of 6 clients (Client #4). The findings are: Record review on 2/3/23 for Client #4 revealed: -Date of Admission: 7/16/22. -Diagnoses: Moderate Intellectual/developmental Disability, Anxiety, Cerebral Palsy, Hearing Loss. -Self Guardian. -Treatment plan did not include any information about unsupervised time. The plan also did not include Client #4's extensive travels with her mom to indicate her ability to fly alone without high anxiety. Interview on 2/17/23 with the Director of Quality Management revealed: -Was not aware they needed to have assessments completed or add to treatment plans for clients to have unsupervised time. -No one in the facility currently had unsupervised time. -Didn't really consider Client #4 flying alone as unsupervised time.	V 290		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the	V 291		

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qualified professionals who are responsible for treatment/habilitation or case management.
(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.
(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.

This Rule is not met as evidenced by:
Based on record review and interviews the facility failed to provide the opportunity for client to maintain ongoing relationship with her family for 1 of 6 clients (Client #4). The findings are:

Record review on 2/3/23 for Client #4 revealed:
-Date of Admission: 7/16/22.
-Diagnoses: Moderate Intellectual/developmental Disability, Anxiety, Cerebral Palsy, Hearing Loss.
-Self Guardian.

Review on 2/16/23 of email dated 12/16/22 from Licensee's Interim Chief Executive Officer (CEO) to Client #4's mom regarding Client #4 flying to Mexico City on 12/20/22 revealed:
" ...The issue of UMAR being responsible for

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taking [Client #4] to and from airports just came to my attention. I am not comfortable with my staff doing this. I know that it was done at least once in the past, but I am not authorizing it to continue. And I apologize for the late notice but I was just asked how we were supposed to staff this by one of my newer Qualified Professionals. What you might consider is working with a temporary agency to provide a person to make the transfer for you ..."

Review on 2/17/23 of emails from Client #4's mom regarding Client #4 flying revealed:
-on 2/16/23 regarding flight to Mexico City 12/20/22- "[Client #4] was not unsupervised except while actually just sitting on the plane. She had escorts when she was put on the plane, the airline aware of her needs with wheelchair escorts. She was on a direct flight and I paid to have an official escort waiting for her at the jet bridge upon her arrival to escort her off the plane, take her through customs, etc. She has never flown unsupervised. It is a similar program to unaccompanied children when they fly. No one from Umar asked me about it. I never thought to advise them."
-on 2/17/23- "[Client #4] needs to have someone stay with her until she is boarded and then be there when she arrives. The airlines allow for a dependent person such as [Client #4] to have an escort to the gate with a gate pass. When she is checked in at the counter the escort shows Id and they obtain a gate pass. They go through security with her and wait at the gate with her until she is pre boarded with the wheelchair people, etc. Once the plane takes off then they leave.
On the other end, her escort goes to the ticket counter, explains they are meeting her and get a gate pass. Then They go and wait at the gate waiting for her arrival. The key is to have the

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escorts give themselves enough time to get to the gates with her as they would their own flights. We've been able to work with this for 22 years this way... We've always only had family and staff as escorts until she started flying internationally. Then I began relying on a service for VIPs the Government and Military use for Congressmen, and Generals, etc, to expedite one through customs. They meet at the door of the plane with a wheelchair and get her through customs and baggage claim and then to meet her family. This is a fee (paid) service I use due to customs and I am unable to get a pass. They assume responsibility until she has met her (me) family."
-on 2/17/23- [Client #4] went to Washington, DC. She was taken to the plane gate as indicated. Direct flight to DC where her brother was waiting at gate. However, when she returned the staff was late and did not make it to the gate before her plane disboarded. The airline staff took her in the wheelchair to go get her luggage where the UMAR staff met her."
Interview on 2/14/23 with Client #4's mom revealed:
-Client #4 was still in the hospital and still had a lot of medical needs.
-"[Licensee] was not taking care of clients like they used to. The tipping point was informing us on Friday for a Monday flight that they couldn't take [Client #4] to the airport."
-Staff took Client #4 to the airport on their own time.

Interview on 2/17/23 with the Director of Quality Management revealed:
-Was with Interim CEO when he got information about staff taking Client #4 to the airport. There was not enough staff to also cover the facility.
-They have had a new CEO since January 2nd.
-A new House Manager just started in the facility

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V 291	Continued From page 23 but still struggling getting direct care staff into the houses.	V 291		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be	V 367		

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erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).
(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:
(1) medication errors that do not meet the definition of a level II or level III incident;
(2) restrictive interventions that do not meet the definition of a level II or level III incident;
(3) searches of a client or his living area;
(4) seizures of client property or property in the possession of a client;
(5) the total number of level II and level III incidents that occurred; and

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V 367	Continued From page 25 (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level III incident report was completed within 72 hours and submitted to the Local Management Entity/Managed Care Organization. The findings are: Record review on 2/7/23 for Client #1 revealed: Date of Admission: 1/19/81. Diagnosis: mild intellectual developmental disability. Record review on 2/7/23 for Client #5 revealed: Date of Admission: 8/21/12. Diagnoses: moderate intellectual developmental disability, hypertension. Record review on 2/7/23 for Client #6 revealed: Date of Admission: 12/15/14 Diagnosis: moderate intellectual developmental disability. Record review on 2/16/23 for FS #5 revealed: Date of Hire: 6/17/19 Date of termination: 12/6/22	V 367		

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V 367	Continued From page 26 Review on 2/15/23 of IRIS (Incident Response Improvement System) report dated 11/16/22 for incident on 11/15/22 involving Client #5 revealed: -"Consumer arrived at day program wearing hat. After several requests, supervisor removed hat from consumer, laughed at haircut, stated she looked like a man and then took pictures ...Consumer was extremely distraught over incident and complained to her guardian ...Staff person suspended pending agency investigation ...Staff training will be provided on sensitivity, resident rights and appropriate comments to participants ...Allegations made against [Art Center Director] (ACD) were unsubstantiated and she was brought back from administrative leave. Reporter [FS #5] was found to have violated client rights and was terminated." Review on 2/15/23 of internal investigation of 11/15/22 incident revealed: -from T-log written by FS #5 dated 11/14/22: -"[Client #1] stated that she was feeling hurt due to the treatment she received today at the art center from [ACD]. She stated that she took her toboggan off her head and began to pick at her haircut. She said she looked like a boy and started taking pictures. She said she was not a boy and didn't want to be called one. Staff reassured her that she was beautiful and would tell her concerns to management ..." -"[Client #6] was upset about the treatment she received from the art center. She expresses how [ACD] touches her food every day and questions her about the lunch she makes for herself. She said she doesn't like people touching her food, not knowing if their hands are clean. She states she takes pictures of her food, which makes her uncomfortable. She asked me if I could make her stop because she doesn't like it. I assured her that I would let management know about her	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL055-025	A. BUILDING: _____ B. WING _____	R 02/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLN COUNTY	2466 CARRIAGE LANE LINCOLNTON, NC 28092

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V 367	Continued From page 27	V 367		

concerns ..."
-"Upon arrival at the facility, [Client #5] stated that [ACD] snatched her toboggan off her head after she stated she was uncomfortable with taking it off. She took pictures and began making fun of her haircut, saying she looked like a boy. She said the statement hurt her feelings because she was not a boy and started crying. Every other day she comes home and makes statements about the mistreatment she receives and feels uncomfortable talking to her. The staff reassured her that she was beautiful and would share her concerns with management ..."
-Those affected/bullied: Client #1, Client #5, and Client #6.

Review on 2/15/23 of email received from local hair salon manager on 11/23/22 revealed:
-" ...on November 13, 2022, the residents of the group home ...came in to get haircuts. The lady working with them was very rude and argumentative ...She specifically told (hairdresser) to do a number 2 all over on [Client #5]. She also told (hairdresser) who did [Client #1]'s hair to do a #1 on the sides with #2 on the top ...[Client #5] and [Client #1] were not charged for their haircuts."

-There was no IRIS report (including Health Care Personnel Registry) (HCPR) submitted for Client #1 after internal investigation substantiated client rights violation by FS #5.
- There was no IRIS report (including HCPR) submitted for Client #6 after internal investigation substantiated client rights violation by FS #5.

This deficiency constitutes a recited deficiency.