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{V 000}	INITIAL COMMENTS A follow up survey was completed on February 23, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	{V 000}		
{V 107}	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL 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.	{V 107}		

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{V 107}	Continued From page 1 (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 certification. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to have complete personnel records affecting three of five audited staff (#1, #3 and #4). The findings are: Review on 2/15/23 of the facility's personnel records revealed the following: Staff #1: -No date of hire. -Hired as a Home Manager. -The job description was not signed by the employee or supervisor. Staff #3:	{V 107}		

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{V 107}	Continued From page 2 -No date of hire. -Hired as a Home Manager. -The job description was not signed by the employee or supervisor. Staff #4: -No date of hire. -Hired as a Home Manager. -The job description was not signed by the employee or supervisor. Interview on 2/15/23 with the Executive Director/Qualified Professional revealed: -He was responsible for ensuring staff personnel records contained the required documentation. -He added the job descriptions to staff personnel records, however he forgot to sign and have staff sign them. -He confirmed he failed to complete personnel records for staff #1, staff #3 and staff #4. This is a recited deficiency. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for Continued Failure to Correct an Imposed Type B rule violation.	{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	{V 108}		

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{V 108}	Continued From page 3 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 reviews and interviews, the facility failed to ensure one of five audited staff (#2) had training in Cardiopulmonary Resuscitation (CPR) and First Aid (FA). The findings are: a. Review on 2/15/23 of client #1's record revealed: -Admission date of 10/28/06. -Diagnoses of Mild Intellectual Disability,	{V 108}		

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{V 108}	Continued From page 4 Schizophrenia-Paranoid type, Diabetes Type II, High Blood Pressure, High Cholesterol, Lipid Disorder, Gastroesophageal Reflux Disease and Gastroparesis. -Required to attend a dialysis center three days a week. b. Review on 2/15/23 of client #2's record revealed: -Admission date of 6/30/89. -Diagnoses of Moderate Intellectual Disability, Seizure Disorder, Hypertension and Hyperlipidemia. c. Review on 2/15/23 of client #3's record revealed: -Admission date of 2/4/17. -Diagnoses of Moderate Intellectual Disability, Autism, Attention Deficit Hyperactivity Disorder and History of Seizure Disorder. Review on 2/15/23 of staff #2's personnel revealed: -Date of hire was 9/18/13. -She was hired as a Home Manager. -No documentation of CPR and FA training. Interview on 2/16/23 with staff #2 revealed: -She worked at Lee County Group Home II as needed. -When she was working at that facility, she worked alone with the clients. -She thought her CPR and FA training expired at the beginning of the Covid Pandemic in 2020. -She confirmed she had no current training in CPR and FA. Interviews on 2/15/23 and 2/16/23 with the Executive Director/Qualified Professional revealed:	{V 108}		

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{V 108}	Continued From page 5 -Staff #2 worked at the facility as needed. -Staff #2 did work alone with clients during her shift at the facility. -He thought staff #2 received the CPR and FA training with other staff after the August 2022 survey. -He wasn't sure why staff #2's CPR and FA training was not in her personnel record. -He was responsible for ensuring staff personnel records contained the required trainings. -He confirmed staff #2 had no documentation of training in CPR and FA. This is a recited deficiency. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for Continued Failure to Correct an Imposed Type B rule violation.	{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;	{V 109}		

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{V 109}	Continued From page 6 (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. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record reviews and interviews, one of one Qualified Professional (the Executive Director) failed to demonstrate knowledge, skills and abilities to meet the needs of clients. The findings are: Cross Reference: 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (Tag 107) Based on record reviews and interview, the facility failed to have complete personnel records affecting three of five audited staff (#1, #3 and #4). Cross Reference: 10A NCAC 27G .0202	{V 109}		

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{V 109}	Continued From page 7 PERSONNEL REQUIREMENTS (Tag 108) Based on record reviews and interviews, the facility failed to ensure one of five audited staff (#2) had training in Cardiopulmonary Resuscitation (CPR) and First Aid (FA). Cross Reference: 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (Tag 118) Based on observation, record reviews and interviews, the facility failed to ensure physician's orders were available affecting two of three audited clients (#2 and #3) and failed to keep the MARs current affecting three of three audited clients (#1, #2 and #3). Cross Reference: G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT (Tag 133) Based on record reviews and interviews, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting one of five audited staff (#3). Cross Reference: 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (Tag 536) Based on record reviews and interviews, the facility failed to ensure five of five audited staff (#1, #2, #3, #4 and the Executive Director) had training on the use of alternatives to restrictive interventions. Review on 2/23/23 of a Plan of Protection written by the Executive Director/Qualified Professional dated 2/23/23 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care: [The Executive Director/Qualified Professional]	{V 109}		

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{V 109}	Continued From page 8	{V 109}		

will have staff sign job descriptions. [The Executive Director/Qualified Professional] will sign as well. [The Executive Director/Qualified Professional] will get [Staff #2] trained in CPR (Cardiopulmonary Resuscitation) and First Aid. [The Executive Director/Qualified Professional] will ensure all staff are retrained in Medication Administration. [The Executive Director/Qualified Professional] will make sure that all physician orders are received from the pharmacy. [The Executive Director/Qualified Professional] will complete criminal background check for [Staff #3]. [The Executive Director/Qualified Professional] will ensure all staff are trained in Alternatives to Restrictive Interventions. Describe your plans to make sure the above happens: [The Executive Director/Qualified Professional] will reach out to pharmacy for all physician orders, schedule Medication Administration training and CPR (Cardiopulmonary Resuscitation) and First Aid Training. [The Executive Director/Qualified Professional] will contact a trainer for Alternatives to Restrictive Interventions Trainings. [The Executive Director/Qualified Professional] will ensure job descriptions are signed by myself and staff members immediately. [The Executive Director/Qualified Professional] will complete criminal record history for [Staff #3] immediately."

The facility served clients whose diagnoses included: Mild and Moderate Intellectual Disabilities, Schizophrenia-Paranoid type, Autism, Attention Deficit Hyperactivity Disorder, Seizure Disorder, Diabetes Type II, High Blood Pressure and High Cholesterol. Staff #2 worked alone with the clients during her shift. Staff #2 had no training in CPR/FA. Staff #1, staff #3 and staff #4 had job descriptions, however they were not signed by the employee or supervisor. Staff #3 had no criminal history check requested. The

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{V 109}	Continued From page 9 Executive Director, staff #1, staff #2, staff #3 and staff #4 had no training in Alternatives to Restrictive Interventions. The Executive Director was responsible for ensuring staff personnel records included the required documentation and trainings. The Executive Director was responsible for ensuring he scheduled staff to be trained in CPR/FA and Alternatives to Restrictive Interventions. The clients took medications that included: Risperdal, Catapres, Cardura, Adalat CC, Lasix, Coreg, Novolog insulin, Levemir insulin, Pravachol, Tegretol XR, Depakote, Seroquel, Zoloft, Maxzide, Tenormin and Strattera. Between December 1, 2022 and February 15, 2023 staff did not put their initials on the Medication Administration Records (MARs) 237 times to indicate medications were administered to clients. Staff also documented medications were administered on the December 2022 MAR 142 times while clients #1 and #2 were on therapeutic leave. The facility was previously cited on August 19, 2022 and a Failure to Correct Type B was Imposed. This deficiency constitutes a Continued Failure to Correct an Imposed Type B rule violation which is detrimental to the health, safety and welfare of the clients. An administrative penalty of $200.00 per day continues to be imposed for failure to correct within 45 days.	{V 109}		
{V 114}	27G .0207 Emergency Plans and Supplies 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 shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff	{V 114}		

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{V 114}	Continued From page 10 and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure fire and disaster drills were done quarterly on each shift. The findings are: Review on 2/15/23 of facility records revealed: -Fire and Disaster Drill Log-The last documented fire drill was on 2/2/21. -There were no additional fire or disaster drills. Interview on 2/16/23 with client #1 revealed: -They just did a fire and disaster drill this morning (2/16/23). -Prior to this morning he did not recall staff doing any other drills with them in over a year. Interview on 2/16/23 with client #3 revealed: -Staff did a fire drill with them this morning (2/16/23). -They normally don't do fire and disaster drills with staff. Interview on 2/15/23 with staff #3 revealed: -She worked at the facility for almost two years. -Other staff talked with her about doing fire drills when she was hired. -She wasn't sure about the disaster drills. -She had not done any fire or disaster drills with	{V 114}		

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{V 114}	Continued From page 11 clients during her shift on the weekends. Interview on 2/15/23 with the Executive Director/Qualified Professional revealed: -There were three separate staff shifts. -He knew the fire and disaster drills were not completed for the facility. -He was responsible for two homes in local county. -The other facility flooded in September 2022, and he had to move those clients to other locations. -There were a lot of issues with that other facility last year. -"My main priority was the other home in [name of county] and that was the reason I did not address some of the issues from the August 2022 survey." -He confirmed staff failed to conduct fire and disaster drills quarterly on each shift. This deficiency has been cited 5 time(s) since the original cite on 2/15/18 and must be corrected within 30 days.	{V 114}		
{V 118}	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse,	{V 118}		

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{V 118}	Continued From page 12 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 observation, record reviews and interviews, the facility failed to ensure physician's orders were available affecting two of three audited clients (#2 and #3) and failed to keep the MARs current affecting three of three audited clients (#1, #2 and #3). The findings are: The following is evidence the facility failed to ensure physician's orders were available. a. Reviews on 2/15/23 and 2/16/23 of client #2's record revealed: -Admission date of 6/30/89. -Diagnoses of Moderate Intellectual Disability, Seizure Disorder, Hypertension and	{V 118}		

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{V 118}	Continued From page 13 Hyperlipidemia. -There were no physician's orders for the medications below. Observation on 2/15/23 at approximately 2:05 pm of the facility's medication area for client #2 revealed: -Seroquel 200 milligrams (mg) (Schizophrenia, Bipolar Disorder and Depression) -Tegretol XR 400 mg (Seizure Disorder) -Tegretol 200 mg -Aspirin Low 81 mg (Reduce risk of heart attack) -Tenormin 50 mg (High Blood Pressure) (HBP) -Maxzide 25 mg (HBP) -Depakote 500 mg (Seizures or Bipolar Disorder) -Zoloft 50 mg (Depression, Social Anxiety, Panic Disorder) -Fish Oil 1200 mg (Reduce Inflammation, Improve Hypertriglyceridemia) -All of the above medications were available for administration. Reviews on 2/15/23 and 2/16/23 of the MARs for client #2 revealed: -February 2023, January 2023 and December 2022-All of the above medications were listed and administered by staff. b. Review on 2/15/23 of client #3's record revealed: -Admission date of 2/4/17. -Diagnoses of Moderate Intellectual Disability, Autism, Attention Deficit Hyperactivity Disorder (ADHD) and History of Seizure Disorder. -There was no physician's order for the medication below. Observation on 2/15/23 at approximately 1:30 pm of the facility's medication area for client #3 revealed:	{V 118}		

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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}	Continued From page 14 -Vitamin D 1000 International Unit (IU) (Vitamin deficiency) was available for administration by staff. Reviews on 2/15/23 and 2/16/23 of the MARs for client #3 revealed: -February 2023, January 2023 and December 2022-The above medication was listed and administered by staff. Interview on 2/16/23 with the Executive Director/Qualified Professional revealed: -He contacted the pharmacy and they sent him the physician's orders they had on file. -He wasn't sure why some of the physician's orders were missing for clients #2 and #3. -Staff did administer the medications that were listed on the MARs for clients #2 and #3. -He confirmed the facility failed to ensure physician's orders were available for clients #2 and #3. The following is evidence the facility failed to ensure the MAR was kept current. a. Review on 2/15/23 of client #1's record revealed: -Admission date of 10/28/06. -Diagnoses of Mild Intellectual Disability, Schizophrenia-Paranoid type, Diabetes Type II, High Blood Pressure, High Cholesterol, Lipid Disorder, Gastroesophageal Reflux Disease (GERD) and Gastroparesis. -Required to attend a dialysis center three days a week. Review on 2/15/23 of physician's orders for client #1 revealed: Order dated 6/29/22 for the following	{V 118}		

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	MHL053-041	A. BUILDING: _____ B. WING _____	R 02/23/2023

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{V 118}	Continued From page 15 medications: -Sensipar 120 mg (Calcium Reducer), two tablets in the evening -Prilosec 20 mg (Heartburn), two capsules daily -Pravachol 40 mg (High Cholesterol), one tablet daily -Nephrocap/Triphrocap 1 mg (Vitamin Deficiency), one capsule daily -Risperdal 2 mg (Schizophrenia), one tablet daily -Risperdal 0.5 mg, one tablet at bedtime -Doxazosin 4 mg (HBP), one tablet every morning -Sevelamer Carbonate 800 mg (Control Phosphorus Levels), three tablets three times daily -Lasix 80 mg (Fluid Retention), one tablet twice daily -Coreg 25 mg (Heart Failure), one tablet twice daily -Colace 100 mg (Stool Softener), one capsule at bedtime -Reglan 5 mg (GERD), one tablet at bedtime -Novolog Inject Flexpen (Control high blood sugar), inject 8-12 units subcutaneously three times daily -Levemir Inject Flexpen (Control high blood sugar), inject 40 units subcutaneously at bedtime -Lumigan Solution 0.01% (Lowers eye pressure), instill one drop into each eye at bedtime -Clonidine 0.1 mg (HBP), one tablet three times daily Review on 2/15/23 of MARs for client #1 revealed: -February 2023-No staff initials as administered for the following medications: -Sensipar 120 mg on 2/5 and 2/15 -Risperdal 2 mg on 2/12 -Risperdal 0.5 mg on 2/12 -Lasix 80 mg on 2/12 pm dose	{V 118}		

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{V 118}	Continued From page 16 -Coreg 25 mg on 2/12 pm dose -Colace 100 mg on 2/12 -Reglan 5 mg on 2/5 and 2/12 -Clonidine 0.1 mg on 2/12 4pm and 8pm doses January 2023-No staff initials as administered for the following medications: -Sensipar 120 mg on 1/1 and 1/15 5pm doses -Risperdal 2 mg on 1/1 7pm dose -Risperdal 0.5 mg on 1/1 7pm dose -Sevelamer Carbonate 800 mg on 1/1 5pm dose -Lasix 80 mg on 1/1 5pm dose -Coreg 25 mg on 1/1 7pm dose -Colace 100 mg on 1/1 7pm dose -Reglan 5 mg on 1/1 7pm dose -Levemir Inject Flexpen on 1/1 7pm dose -Lumigan Solution 0.01% on 1/1 7pm dose -Clonidine 0.1 mg on on 1/1 4pm and 7pm doses December 2022 had the following: -Client #1 was on therapeutic leave 12/23 thru 12/31 -Sensipar 120 mg-No staff initials as administered on 12/23 thru 12/31 -Prilosec 20 mg-Documented as administered on 12/23 thru 12/31 -Pravachol 40 mg-Documented as administered on 12/23 thru 12/31 -Nephrocap/Triphrocap 1 mg-Documented as administered on 12/23 thru 12/31 -Risperdal 2 mg-No staff initials as administered on 12/11, 12/17, 12/18 and 12/23 thru 12/31 -Doxazosin 4 mg-Documented as administered on 12/23 thru 12/31 -Risperdal 0.5 mg-No staff initials as administered on 12/11, 12/17, 12/18 and 12/23 thru 12/31 -Sevelamer Carbonate 800 mg-No staff initials as administered 12/23 thru 12/31 all three doses -Lasix 80 mg-No staff initials as administered on	{V 118}		

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{V 118}	Continued From page 17 12/23 thru 12/31 5pm doses -Coreg 25 mg-No staff initials as administered on 12/23 thru 12/31 5pm doses -Colace 100 mg on-No staff initials as administered on 12/16, 12/17 and 12/23 thru 12/31 -Reglan 5 mg on-No staff initials as administered on 12/16, 12/17 and 12/23 thru 12/31 -Novolog Inject Flexpen-No staff initials as administered on 12/23 thru 12/31 both doses -Levemir Inject Flexpen-No staff initials as administered on 12/23 thru 12/31 -Lumigan Solution 0.01%-No staff initials as administered on 12/18 and 12/23 thru 12/31 -Clonidine 0.1 mg-No staff initials as administered on 12/23 thru 12/31 4pm and 7pm doses b. Review on 2/15/23 of physician's orders for client #2 revealed: -Order dated 9/30/22 for Pravachol 40 mg, one tablet daily -Order dated 8/18/22 for Zoloft 100 mg, one tablet daily Review on 2/15/23 of the December 2022 MAR for client #2 revealed: -Client #2 was on therapeutic leave 12/21 thru 12/31 -Seroquel 200 mg-No staff initials as administered on 12/4, 12/18, 12/19 and 12/22 thru 12/31 -Tegretol XR 400 mg -Documented as administered 12/21 thru 12/31 am doses. No staff initials as administered on 12/4, 12/11, 12/16, 12/17, 12/20 thru 12/26 pm doses. Documented as administered on 12/27 thru 12/31 pm doses -Tegretol 200 mg -Documented as administered on 12/21 thru 12/31 am doses. No staff initials as administered on 12/4, 12/11, 12/16, 12/17 and	{V 118}		

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{V 118}	Continued From page 18 12/21 thru 12/31 pm doses. -Pravachol 40 mg -Documented as administered on 12/21 thru 12/31 -Zoloft 100 mg -Documented as administered on 12/21 thru 12/31 -Aspirin Low 81 mg, one tablet daily-Documented as administered on 12/21 thru 12/31 -Tenormin 50 mg, one tablet daily-Documented as administered on 12/21 thru 12/31 -Maxzide 25 mg, one tablet daily-Documented as administered on 12/21 thru 12/31 -Depakote 500 mg, one tablet twice daily-Documented as administered on 12/21 thru 12/31 am doses. No staff initials as administered on 12/4, 12/11, 12/17, 12/18 and 12/21 thru 12/31 pm doses. -Fish Oil 1200 mg, two capsules twice daily-Documented as administered on 12/21 thru 12/31 am doses. No staff initials as administered on 12/4, 12/11, 12/17, 12/18 and 12/21 thru 12/31 pm doses. -Zoloft 50 mg, one tablet daily-Documented as administered on 12/21 thru 12/31 c. Reviews on 2/15/23 and 2/16/23 of physician's orders for client #3 revealed: Order dated 10/26/22 for the following medications: -Tegretol XR 200 mg, one tablet twice daily -Seroquel XR 200 mg, one tablet every evening -Atarax 50 mg (Anxiety, Itching caused by allergies), one tablet at bedtime Review on 2/15/23 of MARs for client #3 revealed: February 2023-No staff initials as administered on 2/12 for Atarax 50 mg	{V 118}		

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{V 118}	Continued From page 19 January 2023-No staff initials as administered for the following medications: -Tegretol XR 200 mg on 1/15, 1/26 and 1/27 -Seroquel XR 200 mg on 1/8, 1/22, 1/28 and 1/29 Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician Interviews on 2/15/23 and 2/16/23 with the Executive Director/Qualified Professional revealed: -The clients were getting their medications as prescribed. -Staff are not consistently putting their initials on the MARs for clients. -Clients' #1, #2 and #3 all went home towards end of December 2022 for therapeutic leave. -"Some of the staff put their initials on the clients December MARs by mistake." -Those medications were not administered by staff because the clients were out of the facility and at home with their families. -Staff also left the December 2022 MARs blank for some of the medications while the client was on therapeutic leave. -Staff were supposed to write "TL" on the MAR to indicate the client was away from the facility on therapeutic leave. -"I can't give you an answer as to why staff were not putting their initials on the January and February MARs daily." -He confirmed staff failed to keep the MARs current for clients #1, #2 and #3. This is a recited deficiency. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified	{V 118}		

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{V 118}	Continued From page 20 Professionals and Associate Professionals (V109) for Continued Failure to Correct an Imposed Type B rule violation.	{V 118}		
{V 133}	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this	{V 133}		

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{V 133}	Continued From page 21 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 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	{V 133}		

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{V 133}	Continued From page 22	{V 133}		

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 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.

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{V 133}	Continued From page 23 (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 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	{V 133}		

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{V 133}	Continued From page 24 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); 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 interview, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting one of five audited staff (#3). The findings are:	{V 133}		

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{V 133}	Continued From page 25 Review on 2/15/23 of the staff #3's personnel record revealed: -No date of hire. -Hired as a Home Manager. -No documentation a criminal history record check was requested. Interview on 2/15/23 with the Executive Director/Qualified Professional revealed: -He was responsible for ensuring staff personnel records contained the required documentation. -Staff #3 was employed for almost 2 years. -He thought he completed the criminal history check for all staff on the same day. -He wasn't sure why staff #3 did not have the criminal history check in her personnel record. -He confirmed the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment for staff #3. This is a recited deficiency. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for Continued Failure to Correct an Imposed Type B rule violation.	{V 133}		
{V 536}	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with	{V 536}		

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{V 536}	Continued From page 26 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; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;	{V 536}		

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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 536}	Continued From page 27 (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 failing the course. (4) The content of the instructor training the service provider plans to employ shall be	{V 536}		

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	MHL053-041	A. BUILDING: _____ B. WING _____	R 02/23/2023

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{V 536}	Continued From page 28 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. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.	{V 536}		

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{V 536}	Continued From page 29 (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure five of five audited staff (#1, #2, #3, #4 and the Executive Director/Qualified Professional) had training on the use of alternatives to restrictive interventions. The findings are: Review on 2/15/23 of the facility's personnel records revealed the following: Staff #1: -No date of hire. -Hired as a Home Manager. -No documentation of training on the use of alternatives to restrictive interventions. Staff #2: -Date of hire was 9/18/13. -Hired as a Home Manager. -National Crisis Intervention Plus (NCI+) training was completed on 5/4/19. -There was no documentation of current training on the use of alternatives to restrictive interventions. Staff #3: -No date of hire. -Hired as a Home Manager. -No documentation of training on the use of	{V 536}		

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{V 536}	Continued From page 30 alternatives to restrictive interventions. Staff #4: -No date of hire. -Hired as a Home Manager. -No documentation of training on the use of alternatives to restrictive interventions. The Executive Director/Qualified Professional: -Hire date of 6/16/11. -NCI+ training was completed on 5/4/19. -There was no documentation of current training on the use of alternatives to restrictive interventions. Attempts on 2/15/23 and 2/16/23 to contact staff #1 and staff #4 via telephone were unsuccessful. Both staff failed to return the phone calls. Interview on 2/16/23 with staff #2 revealed: -She received her last NCI+ training during the Covid Pandemic in 2020. -She had no current training in NCI+. Interview on 2/15/23 with staff #3 revealed: -She thought she worked at the facility for almost two years. -She never received NCI+ training or any other de-escalation training with the facility. Interviews on 2/15/23 and 2/16/23 with the Executive Director/Qualified Professional revealed: -The facility used NCI+ for alternatives to restrictive intervention training. -He normally reached out to other facility's in the area to inquire about staff trainings and the instructors they used. -He failed to do that for the NCI+ training. -He was responsible for ensuring staff personnel	{V 536}		

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{V 536}	Continued From page 31 records contained the required trainings. -He was also responsible for two homes in the local county. -The other facility flooded in September 2022, and he had to move those clients to other locations. -There were a lot of issues with that other facility last year. -"My main priority was the other home in [name of county] and that was the reason I did not address some of the issues from the August 2022 survey." -He confirmed there was no documentation of training on the use of alternatives to restrictive interventions for himself, staff #1, staff #2, staff #3 and staff #4. This is a recited deficiency. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for Continued Failure to Correct an Imposed Type B rule violation.	{V 536}		
{V 736}	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation, record review and	{V 736}		

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{V 736}	Continued From page 32 interview, the facility failed to be maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 2/15/23 at approximately 12:15 pm revealed: -Kitchen area-The panel to bottom portion of refrigerator was missing. -Bathroom #1-There were yellowish stains on the wall near the toilet. The toilet seat was stained. -Empty bedroom-There were three chest of drawers, three dressers, a nightstand, metal bed frame and two mattresses. -Bathroom #2-Inside of toilet bowl and toilet seat were stained. Review of record on 2/15/23 of the Statement of Deficiencies dated 8/19/22 revealed: -The above issues were cited during the previous survey on 8/19/22 and remain out of compliance. Interview on 2/15/23 with the Executive Director/Qualified Professional revealed: -He was aware of the issues with the facility. -He put in a work order for the issue with the refrigerator after the August 2022 survey. -"I failed to address the other issues with the facility because I'm responsible for two facilities in the area." "My main priority was the other [name of county] facility because that facility flooded in September 2022." -He confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner. This deficiency has been cited 4 time(s) since the original cite on 4/15/19 and must be corrected within 30 days.	{V 736}		