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BRADLEY HOME EXTENSION-PKEDS HOUSE	907 FRANCES DRIVE GARNER, NC 27529

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 3/21/23. The complaints were substantiated (Intake #NC00196795, #NC00197594 and #NC00198026). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and currently has a census of 3. The survey sample consisted of audits of 3 current clients. A sister facility is identified in this report. The sister facility will be identified as Sister Facility A. Staff and clients will be identified using the letter of the facility and a numerical identifier.	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;	V 107		

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V 107	Continued From page 1 (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided. (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to have complete personnel files affecting 1of 2 audited current staff (Qualified Professional (QP)) and 1 of 1 audited former staff (FS#2). The findings are: Review on 2/22/23 of FS#2's record revealed:	V 107		

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V 107	Continued From page 2 - Date of hire: 12/12/22 - Last day of employment: 1/17/23 - No evidence of a written job description, proof of age above 18, education requirement, criminal disclosure, trainings or certifications Review on 2/22/23 of the facility's records revealed: - No personnel record for the QP - No evidence of a written job description, proof of age above 18, access of the North Carolina Health Care Personnel Registry, criminal disclosure, trainings or certifications for the QP Interview on 2/27/23 FS#2 reported: - She sent her social security card and driver's license to the Licensee before she moved to North Carolina and started working at this facility - The Licensee never told her she needed a background check until a couple of weeks after she was hired and working at the facility - She didn't have it completed because the Licensee told her she had to pay for it Interview on 3/1/23, the QP reported: - He started working for this facility December 2022 - He brought all his trainings with him from another employer and gave copies of them to the Licensee - Had no trainings with this Licensee - The Licensee maintained staff records Interview on 2/22/23 the Licensee reported: - FS#2 refused to complete a background check and provide her driver's license information - She didn't have the QP's record - She believed the QP's personnel record was at Sister facility A	V 107		

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V 107	Continued From page 3 Continued interview on 2/22/23 at approximately 3:15pm with the Licensee reported: - The QP's personnel record wasn't at Sister facility A - She thought it may have been at the sister facility that caught on fire	V 107		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.	V 110		

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V 110	Continued From page 4	V 110		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure 1 of 1 paraprofessional (#1) was supervised by the Qualified Professional (QP). The findings are:

Review on 2/22/23 of staff #1's record revealed:
- Hire date: 2/3/21
- Position: Paraprofessional/Direct Care Staff
- no supervision notes from the QP

Interview on 2/28/23 staff #1 reported:
- just received the QP's phone number a week ago
- was always told she had to "go through" the Licensee for whatever she needed and not contact the QP
- the Licensee was told that the "State" was going to be called by a former employee to report her and that's when she was given the QP's phone number
- the QP worked a full time job so he came by late in the evenings
- the QP didn't speak with the clients because it was late
- the QP would look over the MARs (Medication Administration Records) and do trainings with staff but "that was it"
- did not receive any supervision with him

Interview on 3/1/23 the QP reported:
- employed since December 2022
- he was responsible for treatment plans, trainings with staff and spoke with staff about any

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V 110	Continued From page 5 issues - "the Licensee documented the meetings and trainings" - spoke to staff at least 3 times a week - he did not have any notes documented showing supervision with staff or any discussions with staff Interviews on 2/28/23 & 3/7/23 with the Licensee regarding the QP revealed: - he oversees all the group homes - trained staff, talked to clients and staff, visited the homes, and monitored activities - did treatment plans and "lots of trainings" - talked to the clients and asked them if they had any issues, knew them and interacted with them - did counseling with the clients and all his notes should have been in their records - did supervision with the staff and he had those notes - was responsible for completing his notes - He spent between 5 - 30 hours a week at each home weekly This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type B rule violation and must be corrected within 45 days.	V 110		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number;	V 113		

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V 113	Continued From page 6 (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.	V 113		

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V 113	Continued From page 7 This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to maintain client records with emergency contact information and documentation of progress toward outcomes affecting 3 of 3 clients (#1, #2, #3). The findings are: A. Review on 2/22/23 of client #1's record revealed: - Admitted: 7/18/14 - Diagnoses: Bipolar Disorder, Borderline Personality Disorder, Hypertension, Type II Diabetes, and "Severe and Persistent Mental Illness" - Emergency contact information listed: "[Local County]" with no contact name or telephone number - no documentation of progress towards outcomes B. Review on 2/22/23 of client #2's record revealed: - Admitted: 8/13/12 - Diagnoses: Bipolar Disorder, Depression, Schizophrenia, undifferentiated, Hypertension, History of Alcohol abuse, and "Severe and Persistent Mental Illness" - no emergency contacts listed - no documentation of progress towards outcomes C. Review on 2/22/23 of client #3's record revealed: - Admitted: 5/17/02 - Diagnoses: Schizophrenia, undifferentiated, Nicotine Dependence, Depression, Borderline Personality Disorder and "Severe and Persistent Mental Illness"	V 113		

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V 113	Continued From page 8 - no emergency contacts listed - no documentation of progress towards outcomes Interview on 2/22/23 staff #1 reported: - she would call the Licensee in the case of an emergency - she did not complete any progress notes - she was not told to complete any progress notes Interview on 2/22/23 the Qualified Professional (QP) reported: - he did not have any role in listing emergency contacts - he was responsible for Person Centered Plans including the updates and progress - staff completed progress notes daily - staff should have been documenting progress of goals on a log - he would "bet his career" that staff completed progress notes daily - he had not checked for progress notes as he was still getting acclimated because he had only been with the facility for a short period of time (December 2022) Interview on 3/7/23 the Licensee reported: - the QP did individual counseling with the clients - the QP was responsible for completing his notes - the individual counseling notes with the clients should have been in the clients' records - all progress notes should have been in the clients' records This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type B rule violation and must be corrected within 45	V 113		

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V 113	Continued From page 9 days.	V 113		
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 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 interview, the facility failed to ensure disaster drills were completed quarterly and on each shift. The findings are: Review on 2/22/23 of the facility's disaster drill log revealed: - No disaster drill was completed between September 2022 - December 2022. Interview on 2/22/23 client #3 reported: - did disaster drills - not sure when the last one was but they did do them Interview on 2/28/23 client #2 reported:	V 114		

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V 114	Continued From page 10 - did disaster drills - put his hands over his head for disaster drills - couldn't remember the last disaster drill Interview on 2/22/23 the Licensee reported: - The Direct Care staff was a live-in staff - She completed a disaster drill every month although she didn't have to do them monthly - She confirmed the last disaster drill was in August 2022 - She didn't know she needed to do another one after August since she did them every month through August	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug;	V 118		

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V 118	Continued From page 11 (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 reviews and interviews, the facility failed to ensure that medications were administered on the written order of a physician affecting 3 of 3 clients (#1, #2, #3). The findings are: Review on 2/22/23 of client #1's record revealed: - Admitted: 7/18/14 - Diagnoses: Bipolar disorder, Borderline Personality disorder, Hypertension, Type II Diabetes, Arthritis, and "Severe and Persistent Mental Illness" - March 2023 MAR listed: - Reguloid Powder Orange, (constipation) standing order dated 10/20/20 -Discontinued (d/c) was written across the MAR for the above medication for the month - No d/c order for the Reguloid Powder Orange located in the record Review on 2/22/23 of client #2's record revealed: - Admitted: 8/13/12 - Diagnoses: Bipolar disorder, Depression, Schizophrenia, Hypertension, History of Alcohol Abuse, and "Severe and Persistent Mental	V 118		

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V 118	Continued From page 12	V 118		

Illness"
- March 2023 MAR listed:
  -Fluticasone Spray 50mcg (micrograms) (nasal symptoms), standing order dated 2/7/20
  -Triamcinolon Cream 0.1%, (allergies), standing order dated 8/5/20
  -D/C written across the MAR for both medications listed above for the month
- No d/c orders located in the record for the above medications

Review on 2/22/23 of client #3's record revealed:
- Admitted: 5/17/02
- Diagnoses: Schizophrenia, undifferentiated, Nicotine Dependence Depression, Borderline Personality Disorder, and "Severe and Persistent Mental Illness"
- March 2023 MAR listed:
  -Polyethlene Glycol Powder 17 grams (gm) (constipation), standing order dated 10/1/19
  -Acetaminophen tablet (tab) 325 milligrams (mg) (pain), standing order dated 11/22/20
  -Ibuprofen 200mg (mild pain), standing order dated 11/22/20
  -Gas Relief Capsule (cap) 125mg (gas), standing order dated 6/10/21
  -Benzonatate Cap 100mg (cough), standing order dated 9/22/21
  -D/C written across the MAR for all medications listed above for the month
- No d/c orders located in the record for the above medications

Interview on 2/22/23 and 2/28/23 the Licensee reported:
- Didn't have any d/c orders for the above medications
- The pharmacist didn't give any d/c orders for any medications that were discontinued

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V 118	Continued From page 13 - The doctor's office had an electronic system for orders so they didn't give any hard copies of d/c orders to patients - The pharmacy had a copy of the d/c orders - Didn't understand why the pharmacy didn't remove the medications off of the MARs - "I will call the pharmacist and fax you the d/c orders" - Confirmed she didn't have any d/c orders Note - As of the exit of this survey 3/21/23, no d/c orders had been faxed or received. This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type B rule violation and must be corrected within 45 days.	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 interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to an offer of employment	V 131		

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V 131	Continued From page 14 affecting 1 of 2 audited staff (Qualified Professional (QP)). The findings are: Review on 2/22/23 of facility records revealed: - No evidence HCPR had been accessed for the QP Interview on 3/1/23 the QP reported: - Been employed since December 2022 Interview on 3/1/23, the Licensee stated: - QP's record was at the Sister Facility location that had a fire and she was "unable to retrieve due to construction being done."	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 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	V 133		

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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 request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this

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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 to the disqualification, but may not provide a copy of the criminal history record check to the applicant.

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V 133	Continued From page 17 (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 Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments;	V 133		

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V 133	Continued From page 18 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); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)	V 133		

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This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to request a criminal history check for 1 of 2 audited current staff (Qualified Professional (QP)) and 1 of 1 audited former staff (FS#2). The findings are:

Review on 2/22/23 of FS #2's record revealed:
- Date of hire: 12/12/22
- Last day of employment: 1/17/23
- No evidence that a State or national criminal history record check was requested or completed

Review on 2/22/23 of the facility's records revealed:
-No documentation a criminal history record check was requested or completed for the QP.

Interview on 2/27/23 FS#2 reported:
- The Licensee never told her that she needed to do a background check
- She provided a copy of her driver's license and social security card to the Licensee prior to relocating to North Carolina for this job
- After she had been working at the facility for a couple of weeks, the Licensee told her she needed to pay for a criminal history check to be completed
- Confirmed she did not complete a criminal history check

Interview on 2/22/23 the Licensee reported:
- FS#2 refused to do her criminal history check
- Confirmed the criminal history check was not completed for FS#2
- FS#2 would not give the Licensee her driver's

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V 133	Continued From page 20 license information to complete a criminal record check - The QP did have a personnel record - A criminal background check was completed on the QP - The QP's record was at the Sister Facility location that had a fire and she was "unable to retrieve due to construction being done." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 133		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;	V 289		

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V 289	Continued From page 21 (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by:	V 289		

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V 289	Continued From page 22 Based on observation, record review and interview the facility failed to ensure 3 of 3 clients (#1, #2, #3) had a home-like environment where the primary purpose of their services were the care and rehabilitation of individuals who have a mental illness. The findings are: A. Cross reference: 10A NCAC 27G. 0204 TRAINING/SUPERVISION PARAPROFESSIONALS (V110). Based on record reviews and interviews, the facility failed to ensure 1 of 1 paraprofessional (#1) was supervised by the Qualified Professional (QP). B. Cross reference: 10A NCAC 27G. 0206 CLIENT RECORDS (V113). Based on record reviews and interviews the facility failed to maintain client records with emergency contact information and documentation of progress toward outcomes affecting 3 of 3 clients (#1, #2, #3). C. Cross reference: 10A NCAC 27G. 0209 (c) MEDICATION REQUIREMENTS (V118). Based on record reviews and interviews, the facility failed to ensure that medications were administered on the written order of a physician affecting 3 of 3 clients (#1, #2, #3). D. Cross reference: 10A NCAC 27G. 5603 SUPERVISED LIVING - OPERATIONS (V291). Based on record review, observation and interview the facility failed to operate within their licensed capacity and failed to have activity opportunities based on client's choices, needs and the treatment/habilitation plan affecting 3 of 3 clients (#1, #2, #3). E. Cross reference: 10A NCAC 27D. 0302 CLIENT SELF-GOVERNANCE (V510). Based on	V 289		

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record reviews and interviews, the facility failed to develop and implement a policy which allowed client's input into facility governance and the development of client self-governance groups affecting 3 of 3 clients (#1, #2, #3).

F. Cross reference: 10A NCAC 27F. 0103. CLIENT RIGHTS - HEALTH, HYGIENE AND GROOMING (V540). Based on record review, observation and interview, the facility did not ensure client rights to have toilet paper, soap and other individual personal hygiene articles provided by the facility affecting 3 of 3 clients (#1, #2, #3).

Review on 3/21/23 of the Plan of Protection (POP) dated 3/21/23 written by the Licensee revealed:
"What immediate action will the facility take to ensure the safety of the consumers in your care?
-All corrections will be done clients and staff will work with QP to ensure that corrections are done.

Describe your plans to make sure the above happens.
-QP will work with staff to ensure corrections are done"

This facility serves clients whose diagnoses range from Schizophrenia, Bipolar Disorder, and Borderline Personality Disorder. The QP did not have a personnel record. There was no criminal history record check completed on a staff that was working with clients without any other staff or supervision. There was no documentation that the QP completed any supervision with staff. The client records did not have any emergency contact information. Clients from sister facility A, came over whenever another client had an

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V 289	Continued From page 24 appointment and all the clients, 6 from the Sister Facility and 3 clients from this facility were left with the staff from this facility. The 6 clients from sister facility A stayed for over a week at this facility and slept on the couch, floor and in other clients' bedrooms with them. There was no self-governance to allow the clients to have input into their meals, food choices or activities. The clients were not supplied with the basic necessities such as toilet paper, shampoo, and soap and had to purchase these items out of their monthly allowance. There were medications that were discontinued but there were no physician orders showing the physician ordered them to be discontinued. The clients did not participate in any activities and remained in the home. Activity log was falsified (3/7/23) showing activities were completed when the clients stated that they had not yet been completed. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of $200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 289		
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 qualified professionals who are responsible for	V 291		

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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, observation and interview the facility failed to operate within their licensed capacity and failed to have activity opportunities based on client's choices, needs and the treatment/habilitation plan affecting 3 of 3 clients (#1, #2, #3). The findings are:

Review on 2/22/23 of client #1's record revealed:
- Admitted: 7/18/14
- Diagnoses: Bipolar Disorder, Borderline Personality Disorder, Hypertension, Type II Diabetes, Arthritis, and "Severe and Persistent Mental Illness"

Review on 2/22/23 of client #2's record revealed:
- Admitted: 8/13/12

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V 291	Continued From page 26 - Diagnoses: Bipolar Disorder, Depression, Schizophrenia, Hypertension, History of Alcohol Abuse, and "Severe and Persistent Mental Illness" Review on 2/22/23 of client #3's record revealed: - Admitted: 5/17/02 - Diagnoses: Schizophrenia, Nicotine Dependence, Depression, Borderline Personality Disorder, and "Severe and Persistent Mental Illness" A. The following is an example of how the facility failed to operate within their licensed capacity. Review on 2/22/23 of the facility's public file maintained by the Division of Health Service Regulation (DHSR) revealed the facility was licensed for a capacity of 6. Interview on 2/28/23 client #2 reported: - staff #A2 had a stroke - client #A3 slept in his room with him when they came over to this facility - "they (clients from Sister Facility A) had nowhere else to go" Interview on 2/22/23 & 2/28/23 client #3 reported: - staff #A2 left Sister Facility A clients at this facility if someone had an appointment - staff #A2 was the only one that took the clients to their doctors - staff #1 stayed with both facility's clients when staff #A2 took someone to an appoitment - staff #A2 had a stroke - all 6 of Sister Facility A's clients stayed over at this facility - they all slept in client #1's room and the back room - client #1 slept in her room on the floor	V 291		

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V 291	Continued From page 27 Interview on 2/28/23 client #A2 reported: - staff #A2 had a mini stroke a few months ago - he went to this facility while staff #A2 was in the hospital Interview on 2/28/23 client #A4 reported: - remembered sleeping at the Sister Facility for several days - he slept on the couch - staff #1 gave him his medication until staff #A2 was out of the hospital and was back at work - the other clients from Sister Facility A slept in the other rooms at this facility Interview on 2/22/23 & 2/28/23 staff #1 reported: - she watched Sister Facility A clients if other clients had appointments - a few months ago, staff #A2 had a medical condition where she was off of work for about 1 1/2 weeks - she had all 6 clients from Sister Facility A plus the 3 clients from this facility - client #A4 slept on the couch in the living room - client #A3 slept in client #2's room with him - client #A1 and #A6 slept in the vacant room - client #A2 and #A5 slept in client #1's room - client #1 slept in client #3's room with her B. The following is an example of how the facility failed to make available client activities. Observations on 2/22/23, 2/28/23 and 3/7/23 at various times revealed: - all clients were in their individual bedrooms Review on 3/7/23 of the facility's activity log revealed: - "fresh air breaks, TV time and shopping"	V 291		

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were listed as activities
- log completed for March 1 - 7, 2023
- today, March 7, 2023 @10:45am all the activities were listed as being completed
- February 2023 log was not in the facility

Interview on 2/28/23 and 3/7/23 client #1 stated:
- she liked to bowl and was "pretty good" at it
- she didn't know why she didn't go bowling but would like to
- she would like to go to a day program like she used to
- hadn't gone for a walk today (3/7/23 @11:15am)
- been watching TV since eating breakfast this morning

Interview on 2/28/23 client #2 reported:
- he liked going to the movies but they didn't go
- he liked going out to eat but could only go on payday
- he would like to go out to eat more

Interviews on 2/28/23 & 3/7/23 client #3 reported:
- would like to go out to eat but they didn't go because of the COVID pandemic
- would like to go to a day program because her friends were there
- she missed her friends at the day program
- "I want to go to free pancakes but I don't have any money"
- didn't go for a walk today (3/7/23 @11:15am)
- just watched TV since breakfast this morning
- supposed to go shopping today because it was payday

Interview on 3/7/23 staff #1 reported:
- February 2023 log was not in the facility because the facility's Registered Nurse (RN) took it to put holes in it to file

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V 291	Continued From page 29 - she didn't normally pre-fill the activity forms out but she did for today (3/7/23) - the clients' have already completed most of their activities for the day except shopping Interview on 3/7/23 the Licensee reported: - the clients had activity logs - the RN took February's log to put holes in it because the facility didn't have a hole puncher - only certain clients would go to a day program because the others "choose not to go" This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type B rule violation and must be corrected within 45 days.	V 291		
V 510	27D .0302 Client Rights - Client Self-Governance 10A NCAC 27D .0302 CLIENT SELF-GOVERNANCE In a day/night or 24-hour facility, the governing body shall develop and implement policy which allows client input into facility governance and the development of client self-governance groups. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement a policy which allowed client's input into facility governance and the development of client self-governance groups affecting 3 of 3 clients (#1, #2, #3). The findings are: Review on 2/22/23 of the Policy & Procedure manual revealed: - no documentation of a Client Self Governance policy	V 510		

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V 510	Continued From page 30 Interview on 2/22/23 client #1 reported: - she didn't help with menu planning Interview on 2/28/23 client #2 reported: - he didn't have input with staff on what was cooked or what he would like to eat - he just ate what they "fixed" - he only went out to eat when he got his money - he would like to go out to eat more Interview on 2/22/23 & 2/28/23 client #3 reported: - she just ate what was cooked - she loved coffee and juice - the facility didn't provide coffee and juice - didn't have a say in getting juice and coffee in the facility - she had to buy her own coffee and juice - would like more coffee and juice in the facility because she would run out of money - her brother brought her snacks because the facility didn't supply snacks - she didn't have a say in what they ate or food they put in the house - she would like to go to the day program because she missed her friends but she didn't have a say in the activities they did Interview on 2/22/23 staff #1 reported: - she was responsible for cooking breakfast and lunch - staff from Sister Facility A cooked dinner each evening and brought it to the facility - there was no menu to follow - she provided snacks for the clients because the facility did not - the clients did not have a say in what was for dinner, what was done in the facility or activities	V 510		

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V 510	Continued From page 31 Interviews on 2/22/23 and 2/28/23 the Qualified Professional (QP) reported: - there was a menu the staff followed - the menu "hadn't been updated in 26 years" - she did not have a client self-governance policy - she knew what the policy was "but just never had one" This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type B rule violation and must be corrected within 45 days.	V 510		
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 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	V 536		

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V 536	Continued From page 32 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; (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.	V 536		

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V 536	Continued From page 33 (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 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.	V 536		

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V 536	Continued From page 34 (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. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 2 audited current staff (#1, Qualified Professional (QP)) and 1 of 1 audited former staff (FS#2) had been trained in	V 536		

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V 536	Continued From page 35 alternatives to restrictive interventions. The findings are: Review on 2/22/23 of staff #1's record revealed: - Hire date: 2/3/21 - The certificate for Evidence Based Protective Interventions (EBPI), the training curriculum that the facility used, was in the record with no trainer name, signature or date Review on 2/22/23 of FS #2's record revealed: - Hire date: 12/12/22 - Last day of employment: 1/17/23 - No evidence of alternatives to restrictive interventions training in the record Review on 2/22/23 of the facility's records revealed: - No personnel record for the QP - No evidence of alternatives to restrictive interventions training for the QP Interview on 2/22/23 staff #1 reported: - She believed she was "updated" on her trainings - Didn't think any of her trainings were expired - The Licensee hadn't told her any of her trainings had expired Interview on 3/1/23 the QP reported: - Been employed since December 2022 - He brought all his trainings with him from another employer - Had no trainings provided by this Licensee Interview on 3/21/23 the Licensee reported: - She was the trainer for alternative to restrictive interventions - She must have overlooked signing and dating the certificates	V 536		

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V 536	Continued From page 36 - "Everyone was trained"	V 536		
V 540	27F .0103 Client Rights - Health, Hygiene And Grooming 10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING (a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the: (1) opportunity for a shower or tub bath daily, or more often as needed; (2) opportunity to shave at least daily; (3) opportunity to obtain the services of a barber or a beautician; and (4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil. (b) Bathtubs or showers and toilets which ensure individual privacy shall be available. (c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility did not ensure client rights to have toilet paper, soap and other individual personal hygiene articles provided by the facility affecting 3 of 3 clients (#1, #2, #3). The findings	V 540		

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V 540	Continued From page 37 are: Review on 2/22/23 of client #1's record revealed: - Admitted: 7/18/14 - Diagnoses: Bipolar Disorder, Borderline Personality Disorder, Hypertension, Type II Diabetes, Arthritis, and "Severe and Persistent Mental Illness" Interview on 2/22/23 client #1 reported: - she bought her own shampoo, soap and some snacks with her money - the Licensee did not buy it so she had to buy it Review on 2/22/23 of client #2's record revealed: - Admitted: 8/13/12 - Diagnoses: Bipolar Disorder, Depression, Schizophrenia, Hypertension, History of Alcohol Abuse, and "Severe and Persistent Mental Illness" Interview on 2/22/23 client #2 reported: - he bought all his toiletries, shaving cream, razors, toilet paper, soap and body wash - the Licensee did not buy toiletries Observation on 2/22/23 approximately 12:00pm of client #2's bedroom closet revealed: - 12 pack of toilet paper on the upper shelf Review on 2/22/23 of client #3's record revealed: - Admitted: 5/17/02 - Diagnoses: Schizophrenia, Nicotine Dependence, Depression, Borderline Personality Disorder, and "Severe and Persistent Mental Illness" Interview on 2/22/23 client #3 reported: - she bought her soap and toilet paper when	V 540		

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V 540	Continued From page 38 she got her paycheck each month - the Licensee didn't provide it so she and her brother bought the items Interview on 2/22/23 & 2/28/23 staff #1 reported: - the clients bought their own toilet paper, soap and hygiene items - the facility did not provide those items - the clients bought it when they received their $66 each month - she took them shopping when they got paid Interview on 3/7/23 the Licensee reported: - she did supply toilet paper, shampoo and soap This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type B rule violation and must be corrected within 45 days.	V 540		
V 542	27F .0105(a-c) Client Rights - Client's Personal Funds 10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS (a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days. (b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts. (c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that: (1) assure to the client the right to deposit	V 542		

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and withdraw money;
(2) regulate the receipt and distribution of funds in a personal fund account;
(3) provide for the receipt of deposits made by friends, relatives or others;
(4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account;
(5) assure that a client's personal funds will be kept separate from any operating funds of the facility;
(6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client;
(7) provide for the issuance of receipts to persons depositing or withdrawing funds; and
(8) provide the client with a quarterly accounting of his personal fund account.

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to keep adequate financial records on all transactions affecting 3 of 3 clients (#1, #2, #3). The findings are:

Review on 2/22/23 of client #1's record revealed:
- Admitted: 7/18/14
- Diagnoses: Bipolar Disorder, Borderline Personality Disorder, Hypertension, Type II Diabetes, Arthritis, and "Severe and Persistent Mental Illness"

Review on 2/22/23 of client #2's record revealed:
- Admitted: 8/13/12

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V 542	Continued From page 40 - Diagnoses: Bipolar Disorder, Depression, Schizophrenia, Hypertension, History of Alcohol Abuse, and "Severe and Persistent Mental Illness" Review on 2/22/23 of client #3's record revealed: - Admitted: 5/17/02 - Diagnoses: Schizophrenia, Nicotine Dependence, Depression, Borderline Personality Disorder, and "Severe and Persistent Mental Illness" Review on 2/22/23 of the facility's personal fund accounts for clients #1 - #3 for January 2023 and February 2023 revealed: - each client signed they received a monthly allowance - pharmacy deductions from the $66.00 were documented - no receipts of payments for pharmacy goods or services - no receipts for any purchases or bills paid for the month Interview on 2/22/23 client #1 reported: - she was not sure how much money she recieved each month - had paid her "medication bill" - she bought shampoo, soap and some snacks with her money Interview on 2/28/23 client #2 reported: - he received $66.00 each month - he bought all his toiletries, shaving cream, razors, toilet paper, soap, body wash and medicine out of his $66.00 Interview on 2/22/23 client #3 reported: - she received $66.00 each month - she bought her medications, cigarettes, juice,	V 542		

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V 542	Continued From page 41 toilet paper and personal hygiene items out of her $66.00 each month Interview on 2/22/23 staff #1 reported: - she had no role in the clients money except taking them shopping when they got paid - all the clients received a monthly allowance of $66.00 - they had to pay for their medication copays out of the $66.00 - they signed for their funds with the Licensee - the Licensee was responsible for all their money Interview on 2/22/23 and 2/28/23 the Licensee reported: - she was not the payee for any of the clients - the clients received $66.00 a month - the clients signed for their $66.00 each month - they paid their medication copays each month - they could do what they wanted with the rest of their money - she did not document deductions in the clients' records - she did not have receipts for what the clients purchased - the pharmacist did not give the clients receipts for their medication copays	V 542		
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.	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092610	A. BUILDING: _____ B. WING _____	R 03/21/2023

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V 736	Continued From page 42	V 736		

This Rule is not met as evidenced by:
Based on record reviews, observation and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:

Observation on 2/22/23 at approximately 12:00pm revealed the following:

Client #1's room
- Wood trim around the closet door was broken and missing pieces
- Two windows in the room on separate walls and neither window would open
- Baseboards throughout the room covered in dust

Bathroom in client #1's room
- Floor was soft to step on in some spots by the toilet
- Peeled paint at the bottom of the wall by the tub
- Crack in the sheetrock going across the upper wall by the door approximately 1 1/2 feet long

Client #3's room
- Bedroom door had multiple black stains on it
- Multiple small circular pin holes on the wall by the closet
- Two separate windows on separate walls and neither window would open

Kitchen
- Counter by the sink had adhesive type

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V 736	Continued From page 43	V 736		

material peeling off of it
- Back door with multiple brown stains by the doorknob
- Top of cabinet over the window was coming unsealed from the wall and had a long thin crack going across the sheetrock approximately 3 feet long

Vacant bedroom
- 1 twin bed mattress was shorter than the box spring causing the box spring to stick out
- Box spring was stained with brown spots covering the outside of the covering
- The other twin bed's mattress by the window was sinking and not covering the bed frame resulting in the bed frame protruding

Hallway bathroom
- Toilet seat was stained and fading
- Baseboards were covered in dust
- Caulking outside of the tub at corner of the wall by the toilet was brown and stained
- Caulking around the tub was peeling and cracking
- Multiple black stains varying in size were around the inside of the tub on the tile

Interview on 2/22/23 staff #1 reported:
- The windows hadn't been opened "in awhile"
- Didn't remember if the windows had been opened "since I've been working here for the past 2 1/2 years"

Interview on 2/22/23 the Licensee reported:
- The windows had been opened recently and should have been able to open
- She would call the maintenance man to come take a look at the windows

Review on 2/22/23 of the Plan of Protection

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V 736	Continued From page 44 completed by the Licensee dated 2/22/23 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care: -All the windows are working the maintenance man Describe your plans to make sure the above happens. -The paint was on the window and all cleared up" This facility serves clients whose diagnoses range from Schizophrenia, Bipolar disorder, Borderline Personality disorder, and Severe and Persistent Mental Illness. Client #1 and #3's bedroom windows wouldn't open. Both clients had 2 windows on 2 separate walls and neither one would open. Client #1 and #3 would have no access to the outside in the event of an emergency. Based on the lack of available egress, this deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. An administrative penalty of $500.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 736		