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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 4/21/23. The complaint was substantiated (intake #NC199971). Deficiencies were cited. This facility is licensed for the following service category/categories: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need;	V 105		

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

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V 105	Continued From page 2	V 105		

This Rule is not met as evidenced by:
Based on interviews, and record review, the facility failed to implement their policy of record accessibility to authorized users at all times. The findings are:

Review on 4/19/23 of the group home's "client records management" policy revealed:
- "Records are always accessible to authorized users, including direct care staff."

Interviews on 4/18/23 and 4/20/23 with the Owner/Qualified Professional (QP) revealed:
- On 4/18/23 he was out of town and did not bring his computer with the clients' records with him. All the clients' records were on his computer.
- The staff would not have access to client records.
- The clients' records were in a new software system and the staff had not been provided with training on how to access the records.

Interview on 4/19/23 with staff #2 revealed:
- He did not have access to the clients' records.
- "[The Owner/QP] keeps all the clients' information (records) with him."

Interview on 4/20/23 with staff #1 revealed:
- He did not have access to the clients' records.
- The Owner/QP only had access to the clients' records.

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V 537	Continued From page 3	V 537		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (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 plans to employ must be approved by the Division of MH/DD/SAS pursuant to	V 537		

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V 537	Continued From page 4 Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (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 Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the	V 537		

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V 537	Continued From page 5 need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) 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. (5) 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 (j)(6) of this Rule. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once	V 537		

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V 537	Continued From page 6 annually. (11) Trainers shall complete a refresher instructor training at least every two years. (k) 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 outcome (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. (l) 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. (m) 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 staff demonstrated competency in restrictive interventions for 1 of 2 staff (staff #1). The findings are: Review on 4/19/23 of staff #1's record revealed: - Staff #1 completed restrictive intervention training on 6/17/22. - The curriculum he was trained in was "NCI + (National Crisis Intervention Plus")."	V 537		

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V 537	Continued From page 7 Review on 4/21/23 of "Level I Incident Report Form" revealed: - "Name of staff making the report: [the Owner/Qualified Professional (QP)] - Date of incident: 2/22/23 - Location of incident: Group home - Name of consumer: [client #1] - Type of incident: Severe behavior - [Client #1] attempted to hit staff in the face staff notice [client #1's] movement and was prepared when [client #1] decide to through the punch and staff blocked it. [Client #1] cursed spit and said all types of threatening things before he ran up to his room and slam the door." Interview on 4/20/23 with client #1 revealed: - He was restrained by staff #1 "a couple of years ago." - "Nothing happened we were just wrestling." - Indicated that staff #1 put him in a "choke hold" while he was on the couch. He first stated staff #1 was behind him during the restraint and then stated staff #1 "was on top of me." Denied having any problems breathing during the restraint. - Client #2 was not in the group home at the time of the restraint. - Was unable to provide information about where client #3 was located during the restraint. Interview on 4/20/23 with client #2 revealed: - He never saw staff #1 put any client in a hold or put any client on the ground. - He never saw client #1 hit staff #1. - "If something would have happened, I would have told you." Interview on 4/20/23 with client #3 revealed: - He was unable to provide information about staff #1 doing a restraint on the ground with client #1.	V 537		

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V 537	Continued From page 8 Interviews on 4/20/23 and 4/21/23 with staff #1 revealed: - Sometime in February 2023, he did a restraint on client #1 after client #1 hit him in the head. - He was sitting on the couch in the den when client #1 walked out of the kitchen into the den and hit him on the back of his head. "It was out of the blue sky he was fine all day." Client #3 was in his bedroom and client #2 was in the den. - He grabbed client #1 by his waist and "swung him to the ground." Client #1 was on the ground facing the floor. - He was laying on top of client #1 facing client #1's back. His arms were crossed over the top of client #1's back. His knees were on the floor on either side of client #1. His legs were locked with client #1's legs. - During the restraint client #1 turned his head and was spitting to the side. He held his hand out to the side to block the spit but did not cover client #1's mouth. - He did the restraint "for about 5 minutes." - After client #1 calmed down he got up and went up to his bedroom. Client #1 "was still talking smack" as he walked upstairs and told him, "I will kill you b***h." - Client #1 was not injured during the restraint. He had carpet burn on his knees. - He never told the Owner/QP about the restraint. He told the Owner/QP that he blocked client #1 when client #1 hit him. He also told the Owner/QP that after client #1 hit him, client #1 "was cussing and fussing at me" then went to his room. He never told the Owner/QP that he restrained client #1 because he felt he had "defused the situation" and client #1 had gone to his room. Interview on 4/20/23 with the Owner/QP revealed: - He received a call from staff #1 on 2/22/23.	V 537		

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V 537	Continued From page 9 - During the 2/22/23 call, staff #1 informed him that client #1 tried to hit staff #1. Staff #1 blocked client #1's hit. - Staff #1 told him after he blocked client #1's hit, client #1 cussed and spit at staff #1. Then client #1 ran upstairs to his bedroom. - He was not told by staff #1 that staff #1 restrained client #1. Interview on 4/21/23 with client #1's department of social services legal guardian revealed: - Client #1 has hit staff "a few times" and "can be aggressive with anyone." - On 3/7/23, she talked to the Owner/QP who informed her that there was an incident involving client #1 that occurred in February 2023. The owner/QP told her that client #1 hit a staff member and client #1 went to his room to calm down. - The owner/QP never told her that a restraint occurred.	V 537		
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 observations, and interview, the staff failed to maintain the facility in a safe, clean,	V 736		

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V 736	Continued From page 10	V 736		

attractive manner and failed to keep the facility free from offensive odors. The findings are:

Observation at approximately 1:05 pm on 4/18/23 revealed:
- The fire escape had 8 nails that had popped up on the wood stairs.

Observation at approximately 11:58 pm on 4/19/23 revealed:
- A small section of the linoleum kitchen floor had been cut out and patched with a different type of flooring.
- There were still sections of the linoleum kitchen floor that had pulled away from the subfloor.

Observation from approximately 1:55 pm - 2:24 pm on 4/21/23 revealed:
- The microwave had rust inside.
- The oven had baked food on the door and inside the oven.
- There was a pot of grease on top of the stove.
- Client #1's bedroom window had broken blinds.
- The bathtub and shower had brown stains on the floor and walls.
- The bathroom baseboard had dirt/dark black areas on the wood.
- The carpet going up the stairs had dark spots on the carpet.
- Client #2's bedroom had an offensive odor.

Interview on 4/21/23 with the Owner/Qualified Professional revealed:
- He had planned to replace the carpet in the group home soon.
- Client #1 had previously torn up his blinds in his bedroom. Client #1 had a history of aggressive behavior.
- He was replacing the microwave today. He had someone hammering the nails in on the fire

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V 736	Continued From page 11 escape today. - He would talk to the clients and staff regarding not keeping grease on the stove top. - He had tried to clean the bathtub and shower previously. He was unable to remove the stains. The only way to remove the stains would be to replace the bathtub and shower. - The offensive smell in client #2's bedroom was how client #2 smelled.	V 736		
V 774	27G .0304(d)(7) Minimum Furnishings 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client. This Rule is not met as evidenced by: Based on observations, records review and interviews, the facility failed to provide minimum furnishings for client ' s bedrooms. The findings are: Observation from approximately 2:17 pm - 2:23 pm on 4/21/23 revealed: - Client #1's bedroom had the following furniture:	V 774		

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V 774	Continued From page 12 double mattress sitting on the floor. - Client #2's bedroom had the following furniture: single mattress on a bedframe. Interview on 4/21/23 with the Owner/Qualified Professional revealed: - Client #1's legal guardian and client #2's legal guardian had been in their bedrooms and were "fine" with how their bedrooms looked. - Client #1's bedroom had minimum furnishings because of his behaviors. Review on 4/20/23 of client #1's record revealed: - Admission Date: 1/27/2018 - Diagnoses: Mild Intellectual Disability; Intermittent Explosive Disorder; Oppositional Defiant Disorder; Bipolar II Disorder and Schizophrenia, Paranoid Type - Review of client #1's treatment plan dated 8/1/22: there was no information about client #1 having less than minimum furnishings in his bedroom. Review on 4/19/23 of client #2's record revealed: - Admission Date: 10/2/2019 - Diagnoses: Mild Intellectual Disability and Schizophrenia - Review of client #2's treatment plan dated 4/21/22: there was no information about client #2 having less than minimum furnishings in his bedroom.	V 774		