

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-371	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2023
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NAME OF PROVIDER OR SUPPLIER AUBREY'S SAFE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 837 LYNHAVEN DRIVE GASTONIA, NC 28052
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 04/24/2023. The complaint (intake #NC00199844) was unsubstantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have</p>	V 109		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 109	<p>Continued From page 1</p> <p>met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure 1 of 1 Qualified Professional (QP) demonstrated competency in the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Review on 04/04/2023 of Client #1's record revealed: -15-years-old. -Admitted 08/20/2022. -Diagnosed with Post Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADHD), and Disruptive Mood Dysregulation Disorder (DMDD). -Comprehensive Clinical Assessment dated 08/04/2022 revealed: "Member (Client #1) present negative, disruptive and defiant behaviors. Member struggles with following directives from adults. Member gets angry easily and struggles with managing anger. Member</p>	V 109		

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V 109	<p>Continued From page 2</p> <p>presents self-harming behaviors and aggressive behaviors towards others. Member exhibits sleep disturbances, irritated mood, and temper outbursts. Member experiences trauma-related symptoms..."</p> <p>Review on 03/28/2023 of the QP's personnel record revealed: -Hire date not provided. -Job title QP. -Job description undated and signed by the QP and Executive Director/Licensee revealed: "...Staff also monitor, treat, and assess the emotional, psychiatric, and behavior needs of this special population, and assist with coordinating service needs for children or adolescents ...This staff person will also be involved in the individual's specific treatment plan or overall program issues. The Licensed Qualified Professional also will provide clinical supervision to all qualified professionals of Aubrey's Safe Haven LLC (Licensee) ..."</p> <p>Interview on 04/04/2023 with the QP revealed: -Job Title QP. -Employed since 2021. -Was responsible for day-to-day operations of the facility to include clinical oversight of the program and staff supervision. -"I am not the owner no more, I switched over and I am the administrator. Everything is in her (Executive Director/Licensee) name, but I was helping her get it off the ground." -"I make sure all the paperwork is current, check Medicaid and Medicare, do fire drills, and make sure I am in client meetings when there is admissions or discharges. I oversee all the paperwork." -Did not complete duties related to the allegation of abuse for Staff #1 popping Client #1 in the</p>	V 109		

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V 109	Continued From page 3 mouth with an open fist for using profanity incident to include but not limited to; internal investigation, incident report, HCPR (Health Care Personnel Registry) notification, DSS (Department of Social Services) notification, and/or LME/MCO (Local Management Entity/Managed Care Organization) notification. Interview on 04/05/2023 with the Executive Director/Licensee revealed: -Not credentialed as a QP. -QP was responsible for the clinical oversight of the facility.	V 109		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be	V 112		

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V 112	<p>Continued From page 4</p> <p>obtained.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement treatment strategies to address the needs of the clients affecting 1 of 3 audited Clients (#2). The findings are:</p> <p>Review on 04/04/2023 of Client #2's record revealed: -12-years-old. -Admitted 02/25/2023. -Diagnoses of Autism Spectrum Disorder, Conduct Disorder and Attention Deficit Hyperactivity Disorder. -Psychology Evaluation dated 03/15/2021 and 03/31/2021 revealed: "[Client #2] displays significant difficulties with defiance and aggression. [Client #2]'s Guardian provided a written symptom journal spanning 1.5 years documenting the behavioral symptoms that [Client #2] has displayed. In the journal, repeated incidences of outright lying, theft, damaging property, harming animals (hurting family pets on purpose, destroying birds' eggs, attempting to kill a lizard), and harming her little brother were reported... Difficulties with black and white thinking, being uncomfortable with and confused by unpredictability, poor social understanding, and a fixation on death were also reported."</p>	V 112		

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V 112	<p>Continued From page 5</p> <p>-No treatment strategies to address Client #2's difficulties with defiance, aggression, lying, theft, property destruction, harm of animals and others, difficulty with thinking, confusion with unpredictability, poor social understanding, or fixation on death since facility admission.</p> <p>Interview on 03/24/2023 with Client #2 revealed: -Was admitted to the facility "4 weeks" ago.</p> <p>Interview on 04/05/2023 with Client #2's Guardian revealed: -Client #2 was admitted to the facility on 02/25/2023.</p> <p>Interview on 04/06/2023 with the Executive Director/Licensee revealed: -"I am waiting for her doctor to sign off on it (Client #2's treatment plan)."</p>	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p>	V 114		

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V 114	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and repeated on each shift. The findings are:</p> <p>Review on 03/28/2023 of the facility's fire and disaster drills log from 09/01/2022- 02/28/2023 revealed: -No documentation to support completion of first shift (7 am-7 pm) or second shift (7 pm-7 am) fire and disaster drills for the 1st quarter from September 2022 - November 2022 or the 2nd quarter from December 2022 - February 2023.</p> <p>Interview on 03/24/2023 with Client #1 revealed: -Admitted 8 months ago. -"We had one drill."</p> <p>Interview on 03/24/2023 with Client #2 revealed: -Admitted 4 weeks ago. -"We have not done it (fire or disaster drill) since I have been here."</p> <p>Interview on 03/24/2023 with Client #3 revealed: -Admitted March 10th (2023). -Had not practiced fire or disaster drills.</p> <p>Interview on 03/24/2023 with Client #4 revealed: -Admitted 6 months ago. -"I think we have done three (fire and disaster drills)."</p> <p>Interview on 04/04/2023 with the Associate Professional revealed: -Shifts were 7 am-7 pm and 7 pm-7 am. -Completed fire and disaster drills quarterly.</p>	V 114		

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V 114	<p>Continued From page 7</p> <p>Interview on 04/04/2023 with the Qualified Professional revealed: -Shifts were 7 am-3:30 pm, 3pm-11:30 pm, and 11 pm-7:30 am. -Fire and disaster drills were completed monthly. -"We do them with clients and staff on each shift."</p> <p>Interview on 04/05/2023 with the Executive Director/Licensee revealed: -First client was admitted on 8/9/2022. -Shifts were Sunday-Saturday 7 am- 7 pm and 7 pm- 7 am. -"We did it (fire and disaster drills) in the afternoon. I thought if I started on the first shift, and it rolled into the second shift that could count a first and second shift drill."</p>	V 114		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date;</p>	V 117		

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V 117	<p>Continued From page 8</p> <p>(D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on interview, observation, and record review, the facility failed to ensure the required packaging labels for medications affecting 1 of 3 audited Clients (#2). The findings are:</p> <p>Review on 04/04/2023 of Client #2's record revealed: -12-years-old. -Admitted 02/25/2023. -Diagnoses of Autism Spectrum Disorder, Conduct Disorder and Attention Deficit Hyperactivity Disorder.</p> <p>Observation on 04/04/2023 at approximately 2:50pm of Client 2's Medication Container revealed: -A 14 day Medi-Planner labeled Sunday-Saturday AM and PM with multiple unidentified pills inside 9 out of 14 compartments without Client #2's name; the prescriber's name; current dispensing date; clear directions for administration; name, strength, quantity, and expiration date of the prescribed drug; and name, address, and phone number of the pharmacy or dispensing location and the name of the dispensing practitioner.</p>	V 117		

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V 117	<p>Continued From page 9</p> <p>Interview on 04/04/2023 with Client #2 revealed: -Her Guardian placed medications in the Medi-Planner "a while ago". -Staff gave her medications from the Medi-Planner filled by her Guardian.</p> <p>Interview on 04/05/2023 with Client #2's Guardian revealed: -Removed Client #2's pills from the pharmacy pill bottles and placed them in the Medi-Planner. -"I gave them (facility) the Medi-Planner with the meds (medications) filled." -"I had initially filled it (Medi-Planner) on her first day there, but they do have the medication bottles."</p> <p>Interview on 04/04/2023 with Staff #2 revealed: -"[Executive Director (ED/Licensee (L))]" set up Client #2's Medi-Planner.</p> <p>Interview on 04/04/2023 with Staff #3 revealed: -"Until she (Client #2) gets Medicaid, her mom comes and sorts her medications."</p> <p>Interview on 04/04/2023 with the Associate Professional revealed: -"I want to say like every two weeks, [Client #2's Guardian] comes to package her medications."</p> <p>Interview on 04/04/2023 with the Qualified Professional revealed: -Client #2's Guardian placed medications for Client #2 in the Medi-Planner. -Client #2's Social Worker "approved" her guardian to place Client #2's medications in the Medi-Planner. -"She (Client #2) is not on Medicaid and she has been on this system for a long time. I don't approve of it (Client #2's Guardian placing</p>	V 117		

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V 117	<p>Continued From page 10</p> <p>medications in the Medi-Planner for the facility to administer), because I don't know what she (Client #2's Guardian) is giving her."</p> <p>Interviews on 04/05/2023 and 04/06/2023 with the ED/L revealed: -"Mom (Client #2's Guardian) has been there 3 times within a month. I believe we do have the bottles (pill)." -"Every time mom would come back to visit her, she would refill it up and bring clothes." -"I just know mom placed everything in those things (Medi-Planner). The last time mom popped up she told me that she had refilled the Medi-Planner." -Would ensure Client #2's medications had the required packaging labels.</p> <p>This deficiency is crossed referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 117		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall 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</p>	V 118		

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V 118	<p>Continued From page 11</p> <p>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:</p> <ul style="list-style-type: none"> (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. <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure medications were administered on the written order of a physician and failed to keep the MAR current affecting 3 of 3 audited Clients (#1, #2, and #3). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC27G.0209 Medication Requirements/ Medication Packaging and labeling (V117). Based on interview, observation, and record review, the facility failed to ensure the required packaging labels for medications affecting 1 of 3 audited Clients (#2).</p> <p>Finding #1:</p>	V 118		

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V 118	<p>Continued From page 12</p> <p>Review on 04/04/2023 of Client #1's record revealed: -15-years-old. -Admitted 08/20/2022. -Discharged 03/30/2023. -Diagnosed with Post Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADHD), and Disruptive Mood Dysregulation Disorder (DMDD). -No medication orders. -Untitled, unsigned, and undated Word document revealed: "...Medication: Vyvanse (ADHD) 50 (milligrams) mg- Take 1 capsule (cap) daily (AM), Oxcarbazepine (Mood Stabilizer) 300 mg- Take 1 tab daily (AM), Escitalopram (Depression) 10 mg- Take 1 tab daily (AM), Risperidone (Mood Stabilizer) 1 mg- Take 1 tab daily (AM), Fluconazole (Oral thrush) 150 mg tab, and Wal-Dryl (Allergies) 25 mg tab."</p> <p>Review on 04/04/2023 of a MAR titled "Medication Log List" from 01/01/2023 - 03/30/2023 for Client #1 revealed: -No transcription of current medications to include; the name, strength, and quantity of the medication; instructions for administering the medication; and/or date and time the medication was administered. -Staff signature for the "AM" or "PM" from 01/01/2023 - 03/29/2023. -Staff Signature for the "AM" on 03/30/2023.</p> <p>Client #1's medication container was not observed due to her discharge from the facility prior to the medication review.</p> <p>Finding #2</p> <p>Review on 04/04/2023 of Client #2's record revealed:</p>	V 118		

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V 118	<p>Continued From page 13</p> <ul style="list-style-type: none"> -No medication orders. -Untitled, unsigned, and undated Word document revealed: "...Medication: Guanfacine (ADHD) ER (Extended Release 3 mg-Take 1 tab twice daily (AM), D-Amphetamine Salt Combo (ADHD) 15 mg- Take 3 tabs (AM), Stool Softener 100 mg-Take 1 tab (AM/PM), Aripiprazole (Mood Stabilizer) 15 mg- Take 1 tab (AM), Melatonin (Sleep Aid) 3 mg- Take 1 tab (PM), and Clonidine(Mood Stabilizer) 0.2 mg-Take 1 tab (PM). -As needed prescriptions: Olly Sleep Melatonin (Sleep Aid), Throat & Chest Jakemans (Lozenges), Ibuprofen (Pain/fever reducer) 200 mg, Tylenol (Pain/fever reducer) 500 mg, and Major Deep Sea Premium Saline (Sinus) and Hydroxyzine (Anxiety) 25 mg." -MAR titled "Medication Log List" from 03/01/2023 - 04/04/2023 revealed: No staff signature for the "AM" or "PM" from 03/01/2023 - 03/15/2023 and Staff signature for the "AM" or "PM" from 03/16/2023 - 04/03/2023. <p>Review on 04/04/2023 of a MAR titled "Medication Log List" from 03/01/2023 - 04/04/2023 for Client #2 revealed:</p> <ul style="list-style-type: none"> -No transcription of current medications to include; the name, strength, and quantity of the medication; instructions for administering the medication; and/or date and time the medication was administered. -No staff signature for the "AM" or "PM" from 03/01/2023 - 03/15/2023. -Staff signature for the "AM" or "PM" from 03/16/2023 - 04/03/2023. -Staff signature for the "AM" on 04/04/2023. <p>Observation on 04/04/2023 at approximately 2:50 pm of Client #2's medication container revealed:</p> <ul style="list-style-type: none"> -A 14-day Medi-Planner labeled Sunday-Saturday AM and PM with unidentified pills inside 9 out of 	V 118		

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V 118	<p>Continued From page 14</p> <p>14 compartments. Pharmacy pill bottles for; -Guanfacine ER 3 mg-Take 1 tab twice daily dispensed 01/03/2023. -D-Amphetamine Salt Combo 15 mg- Take 3 tabs by mouth daily dispensed 02/27/2023. -Aripiprazole (Mood Stabilizer) 15 mg- Take 1 tab by mouth dispensed 03/03/2023. -Clonidine 0.2 mg-Take 1 tab by mouth at bedtime dispensed 01/03/2023. -Stool Softener 100 mg, Melatonin 3 mg, Olly Sleep Melatonin , Throat & Chest Jakemans, Ibuprofen 200 mg, Tylenol 500 mg, and Major Deep Sea Premium Saline. -No Hydroxyzine 25 mg.</p> <p>Finding #3</p> <p>Review on 04/04/2023 of Client #3's record revealed. -16-years-old. -Admitted 03/10/2023. -Diagnoses of PTSD and Major Depressive Disorder. -No medication orders. -Untitled, unsigned, and undated Word document revealed:"...Medication: Cetirizine (Allergies) 10 mg- Take 1 tab (AM), Montelukast (Asthma)10 mg- Take 1 tab (AM), Fluticasone (Asthma)- 2 Puffs (AM), and Topiramate (Mood Stabilizer)- 25 mg- Take 1 tab (PM)."</p> <p>Review on 04/04/2023 of a MAR titled "Medication Log List" from March 10, 2023- April 04, 2023 for Client #3 revealed: -No transcription of current medications to include; the name, strength, and quantity of the medication; instructions for administering the medication; and/or date and time the medication was administered.</p>	V 118		

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V 118	<p>Continued From page 15</p> <p>-"No Medicine" documented from 03/10/2023 - 03/19/2023.</p> <p>-Staff signature for the "AM" and "PM" from 03/20/2023 - 04/03/2023.</p> <p>-Staff signature for the "AM" on 04/04/2023.</p> <p>Observation on 04/04/2023 at approximately 4 pm of Client #3's medication container revealed: Pharmacy pill bottles for;</p> <p>-Trazodone (Mood Stabilizer) 50 mg tabs- Take 1 and ½ tablets (75 mg) by mouth daily at bedtime dispensed 03/22/2023.</p> <p>-Cetirizine 10 mg tab-Take 1 tab by mouth daily dispensed 03/22/2023.</p> <p>-Montelukast 10 mg tablet-Take 1 tab (10 mg) by mouth daily dispensed 03/22/2023.</p> <p>-Topiramate 25 mg tablets- Take 1 tab by mouth at bedtime dispensed 03/22/2023.</p> <p>-No Fluticasone Inhaler-2 Puffs (AM).</p> <p>Review on 03/24/2023 of Emailed Correspondence from the Executive Director (ED)/Licensee (L) to Division of Health Service Regulation (DHSR) Surveyor dated 03/24/2023 revealed:</p> <p>-"Can you explain what are med (medication) order please?"</p> <p>Interview on 04/04/2023 with Client #2 revealed:</p> <p>-Staff administered her medications from the Medi-Planner filled by her Guardian.</p> <p>-Staff did not administer medications from the pill bottles dispensed by the pharmacy.</p> <p>-Was unable to name prescribed medications.</p> <p>Interview on 04/05/2023 with Client #2's Guardian revealed:</p> <p>-Did not transfer Client #2's medication prescriptions to the local area pharmacy.</p> <p>-Removed Client #2's pills from the pharmacy</p>	V 118		

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V 118	<p>Continued From page 16</p> <p>dispensed pill bottles, placed them in the Medi-Planner for staff to administer to Client #2. -"I gave them the Medi-Planner with the meds filled. I thought they would not use the Medi-Planner ..."</p> <p>Interview on 04/04/2023 with Staff #2 revealed: -Trained in Medication Administration. -Administered Client #2's medications from the Medi-Planner. -Did not know what medications she was giving Client #2. -Did not administer Client #2's medications from pill bottles dispensed by the pharmacy. -Facility had "no" medication errors.</p> <p>Interview on 04/04/2023 with Staff #3 revealed: -Trained in Medication Administration. -Administered Client #2's medications from the Medi-Planner. -Did not administer Client #2's medications from pill bottles dispensed by the pharmacy. -Facility had "no" medication errors.</p> <p>Interview on 04/04/2023 with the Associate Professional (AP) revealed: -Trained in Medication Administration. -"We asked for the electronic (medication) orders and when we went to [local pharmacy] that's what they gave us. So, I can get those (current medication orders for the clients)." -"The MARs sheet could be very complicated for staff, so we started to use the medication log." -"As far as the medication she (Client #2) has, those are the medications that she came in (admission to facility) with per her guardian that she takes." -Facility had "no" medication errors.</p> <p>Interview on 04/04/2023 with the Qualified</p>	V 118		

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V 118	<p>Continued From page 17</p> <p>Professional (QP) revealed: -Trained in Medication Administration. -Staff administered medications to Client #1, #2, and #3. -"[Executive Director/Licensee] is responsible for getting med orders." -Needed to find out why current medication orders were not at the facility for Clients #1, #2, and #3. -Was responsible for MARs and was not aware that the document had changed and no longer included required components to include but not limited to; the name, strength, and quantity of the medication; instructions for administering the medication; and/or date and time the medication was administered. -"Somebody else must have changed the MARs when I was out sick." -"We have a list of the medication she (Client #2) takes, but we don't know if that is exactly what she (Client #2's Guardian) is giving her." -Facility had "no" medication errors.</p> <p>Interview on 04/05/2023 with the ED/L revealed: -The AP and QP were responsible for the Medication Administration process. -Staff administered medications to Client #1, #2, and #3. -Did not have medication orders for Client #1, #2, or #3 but attempted to obtain copies of medication orders for Clients #1 and #3 from the pharmacy on 03/24/2023. -Was not aware that MAR used by the facility did not contain required components. -Facility had no medication errors. -"I have a consent from mom (Client #2's Guardian) authorizing us to give her (Client #2) the meds." -Instructed staff to administer Client #2 medications from the Medi-Planner filled by her</p>	V 118		

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V 118	<p>Continued From page 18</p> <p>Guardian. -"We kept the bottles (pill) as well. I guess we hope she (Client #2's Guardian) is giving her (Client #2) what she said it is. I guess we really technically do not know. We hope the mom would not drug her (Client #2) incorrectly."</p> <p>Interview on 04/06/2023 with the ED/L revealed: -Had staff retrained in Medication Administration on 03/21/2023. -Updated MAR to include required components on 04/05/2023. -"I contacted [Client #2]'s mom and told her that she could no longer fill the Medi-Planners." -Would ensure that all medications had the appropriate packaging and labels and medication orders.</p> <p>Review on 04/05/2023 of the unsigned and undated Plan of Protection (POP) written by the ED/L revealed: "On this day April 5, 2023, Aubrey's Safe Haven (Licensee) has committed to make all of the necessary changes and accommodations to continue to keep all the clients at Aubrey's Safe Haven safe. Aubrey's Safe Haven understands the importance of medication compliance as stated in the Medication Requirements Statue. Aubrey's Safe Haven has retrained staff according to state statue on March 14, 2023. Aubrey's Safe Haven will ensure that all medication in the facility is accompanied by a physician's order. There will be no over the counter medications in the facility unless the physician prescribes them. MAR's sheets have been updated with all required information. Effective immediately Aubrey's Safe Haven has contacted [Client #2] legal guardian regarding her medication. Aubrey's Safe has advised her guardian that Aubrey's Safe Haven is no longer</p>	V 118		

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V 118	<p>Continued From page 19</p> <p>able to administer medication without a physician's order. Aubrey's Safe Haven understands the importance of this process and has made the necessary changes.</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS(a) Medication dispensing:(1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe.</p> <p>(2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, container, and its contents are physically checked and approved by the authorized person prior to dispensing.</p> <p>(3) Methadone for take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10A NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing.</p> <p>(4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p> <p>(b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the</p>	V 118		

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V 118	<p>Continued From page 20</p> <p>manufacturer's label with expiration dates clearly visible;</p> <p>(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p>	V 118		

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V 118	<p>Continued From page 21</p> <p>(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.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>(d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>(e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59° and 86° F.;</p>	V 118		

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V 118	<p>Continued From page 22</p> <p>(B) in a refrigerator, if required, between 36° and 46° F. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act and shall be in compliance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(f) Medication review:</p> <p>(1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.</p> <p>(2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>(g) Medication education:</p> <p>(1) Each client started or maintained on a medication by an area program physician shall receive either oral or written education regarding the prescribed medication by the physician or their designee. In instances where the ability of the client to understand the education is questionable, a responsible person shall be provided either oral or written instructions on behalf of the client.</p> <p>(2) The medication education provided shall be sufficient to enable the client or other responsible person to make an informed consent, to safely</p>	V 118		

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V 118	<p>Continued From page 23</p> <p>administer the medication and to encourage compliance with the prescribed regimen.</p> <p>(3) The area program physician or designee shall document in the client record that education for the prescribed psychotropic medication was offered and either provided or declined. If provided, it shall be documented in what manner it was provided (either orally or written or both) and to whom (client or responsible person).</p> <p>(h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered, and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p> <p>History Note: Authority G.S. 90-21.5; 90-171.20(7),(8); 90-171.44; 122C-26; 143B-147; Eff. May 1, 1996; Recodified from 10 NCAC 14V .0207 to 10 NCAC 14V .0209 Eff. January 3, 2001; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 20, 2019</p> <p>that I am only to transport clients in Aubrey's Safe Havens commercial vehicle. Clients are not allowed in staff's personal vehicles under no circumstances, except for life-threatening emergencies. If you are not able to abide by this consent disciplinary actions will follow."</p> <p>Review on 04/05/2023 of the unsigned and undated POP Addendum #1 written by the ED/L revealed the following updated information: -"What immediate action will the facility take to ensure the safety of the consumers in your care? -Retrained staff on March 21, 2023. -Contacted [Client #2] legal guardian regarding her medication on April 5, 2023. Describe your plans to make sure the above</p>	V 118		

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V 118	<p>Continued From page 24</p> <p>happens.</p> <p>-Aubrey safe haven will remove medication for the container and remove all the over counter medication out of bin. Also, by contacting legal guardian and asking to get a physician order for over-the-counter medication. permit to operate a pharmacy is not required, a nurse or other designated person may assist a that I am only to transport clients in Aubrey's Safe Havens commercial vehicle. Clients are not allowed in staff's personal vehicles under no circumstances, except for life-threatening emergencies. If you are not able to abide by this consent disciplinary actions will follow."</p> <p>Review on 04/05/2023 of the POP Addendum #2 dated 04/05/2023 written by the ED/L revealed the following updated information: -"Aubrey's Safe Haven (ED/AP) ensure that all medication in the facility is accompanied by a physician's order on April 5, 2023, for [Client #4], [Client #3] and [Client #1]. [Client #2]'s physician order will be in by Monday April 10, 2023. There will be no over the counter medications in the facility unless the physician prescribes medication effective April 5,2023. MAR's sheets have been updated with all required information effective April 4, 2023.</p> <p>-Aubrey's Safe (ED) has advised her guardian that Aubrey's Safe Haven is no longer able to administer medication without a physician's order.</p> <p>-[Client #2] guardian states that she will contact the physician today on April 5, 2023 to send over the order via fax and email by Monday April 10, 2023.</p> <p>-Aubrey Safe Haven (direct staff) will remove over counter medication from the container. Also, by contacting legal guardian and asking to get a physician order for over-the-counter medication on April 6, 2023. Also request a physician order</p>	V 118		

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V 118	<p>Continued From page 25</p> <p>for [Client #2]. V116/V117/V118</p> <p>-Mars (QP) kept updated, if client medication is updated Mars will be automatically updated the same day.</p> <p>-(Aubrey's Safe Haven) ASH (QP) only allow labeling by the provider (pharmacy)only effective on April 5,2023.</p> <p>-ASH (QP) will make sure that all required medication is the client bin effective April 5, 2023.</p> <p>-Signed by the Executive Director/Licensee and Dated 04/05/2023."</p> <p>Clients #1, #2, and #3 were between 12-16 years old. Their diagnoses included but were not limited to PTSD, ADHD, DMDD, Autism Spectrum Disorder, Conduct Disorder, and Major Depressive Disorder. Staff administered medications to Clients #1, #2, and #3 without physician orders. MARs did not have the name, strength, and quantity of the medication, instructions for administering the medication, and/or date and time the medication was administered as required. As result, it could not be determined what medications Clients #1, #2, and #3 were prescribed or if medications were administered as prescribed. Client #3 was not administered medications for 9 days. Staff administered Client #2's medications from a Medi-Planner that her guardian had set up. Staff did not know what medications they were administering to Client #2. The ED/L instructed staff to administer those unknown medications to Client #2 from 02/25/2023-04/06/2023. This deficiency is a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out</p>	V 118		
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V 118	Continued From page 26 of compliance beyond the 23rd day.	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on records reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire for 3 of 3 audited Staff (#1, #2, and Qualified Professional (QP)). The findings are:</p> <p>Review on 03/28/2023 of Staff #1's personnel record revealed: -Hire date 03/01/2022. -Job title Direct Care Staff (DCS). -HCPR check 04/03/2022.</p> <p>Review on 03/28/2023 of Staff #2's personnel record revealed: -Hire date 09/18/2022. -Job title DCS. -HCPR check 10/10/2022.</p> <p>Review on 03/28/2023 of the QP's personnel</p>	V 131		

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V 131	<p>Continued From page 27</p> <p>record revealed: -Hire date not provided. -Job title QP. -HCPR check 03/27/2022.</p> <p>Interview on 03/24/2023 with Staff #1 revealed: -Employed for about a year.</p> <p>Interview on 04/05/2023 with Staff #2 revealed: -Employed since September 2022.</p> <p>Interview on 04/04/2023 with the QP revealed: -Employed since 2021. -Was responsible for completing HCPR checks. -"It (late HCPR check) was something about her (Staff #1) being married. I think that was her issue. We ran it (HCPR check) under her maiden name." -Needed to investigate the reason for the late HCPR check for Staff #2.</p> <p>Interview on 04/06/2023 with the Executive Director/Licensee revealed: -QP was responsible for completing HCPR checks. -"So I am being cited because someone from your department told me to change stuff."</p>	V 131		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p>	V 132		

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V 132	<p>Continued From page 28</p> <p>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the</p>	V 132		

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V 132	<p>Continued From page 29</p> <p>facility failed to ensure that the Health Care Personnel Registry (HCPR) was notified of all allegations against health care personnel. The findings are:</p> <p>Review on 03/24/2023 of the facility's record revealed: -No documentation of notification to HCPR for Staff #1 popping Client #1 in the mouth with an open fist for using profanity incident.</p> <p>Interview on 04/04/2023 with the Qualified Professional revealed: -Was responsible for HCPR notifications. -Did not notify HCPR of allegation against Staff #1 for popping Client #1 in the mouth with an open fist for using profanity incident.</p> <p>Interview on 03/24/2023 with the Executive Director/Licensee revealed: -Did not ensure HCPR was notified of the allegation against Staff #1 for popping Client #1 in the mouth with an open fist for using profanity incident.</p>	V 132		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>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</p>	V 133		

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V 133	Continued From page 30 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 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	V 133		

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V 133	<p>Continued From page 31</p> <p>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.</p> <p>(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:</p> <ol style="list-style-type: none"> (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. 	V 133		
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V 133	<p>Continued From page 32</p> <p>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.</p> <p>(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:</p> <p>(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.</p> <p>(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.</p> <p>(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</p>	V 133		
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V 133	<p>Continued From page 33</p> <p>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 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.</p> <p>(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.</p> <p>(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:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in</p>	V 133		

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V 133	<p>Continued From page 34</p> <p>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.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to request a criminal background check within five days of an offer of employment for 3 of 3 audited Staff (#1, #2, and Qualified Professional (QP)). The findings are:</p> <p>Review on 03/28/2023 of Staff #1's personnel record revealed: -Hire date 03/01/2022. -Job title Direct Care Staff (DCS). -Request for statewide criminal records check 04/01/2022.</p> <p>Review on 03/28/2023 of Staff #2's personnel record revealed: -Hire date 09/18/2022. -Job title DCS. -Request for statewide criminal records check 01/26/2023.</p> <p>Review on 03/28/2023 of the QP's personnel record revealed: -Hire date not provided. -Job title QP. -Request for statewide criminal records check</p>	V 133		

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V 133	Continued From page 35 03/25/2022. Interview on 03/24/2023 with Staff #1 revealed: -Employed for about a year. Interview on 04/05/2023 with Staff #2 revealed: -Employed since September 2022. Interview on 04/04/2023 with the QP revealed: -Employed since 2021. -Was responsible for completing Criminal Background checks. Interview on 04/06/2023 with the Executive Director/Licensee revealed: -QP was responsible for completing Criminal Background checks.	V 133		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-371	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2023
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NAME OF PROVIDER OR SUPPLIER AUBREY'S SAFE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 837 LYNHAVEN DRIVE GASTONIA, NC 28052
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V 366	<p>Continued From page 36</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p>	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-371	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2023
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V 366	<p>Continued From page 37</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p>	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-371	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2023
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V 366	<p>Continued From page 38</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to implement written policies governing their response to level I, II, and III incidents affecting 1 of 3 audited Clients (#1) and 1 of 1 Former Clients (FC #5). The findings are:</p> <p>Review on 04/04/2023 of the facility records revealed:</p> <ul style="list-style-type: none"> -No Risk/Cause/Analysis for emergency calls to dispatch local law enforcement to the facility for FC #5's absent without official leave (AWOL) incidents dated 01/05/2023 and 01/09/2023. -No Risk/Cause/Analysis for emergency calls to dispatch Emergency Medical Technicians (EMT's) to the facility for Client #1's suicidal ideation incident dated 03/24/2023 and attempted medication overdose incident dated 03/25/2023. -No Risk/Cause/Analysis or documentation to support submission of the written preliminary findings of fact to the Local Management Entity/Managed Care Organization (LME/MCO) within five working days for the alleged abuse incident against Staff #1 for popping Client #1 in the mouth with an open fist. <p>Interview on 04/04/2023 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Did complete the Risk/Cause/Analysis for incidents dated 01/05/2023, 01/09/2023, 03/24/2023 and 03/25/2023. -Did not complete the Risk/Cause/Analysis or submit the written preliminary findings of fact to the LME/MCO within five working days for the alleged abuse incident against Staff #1 for popping Client #1 in the mouth with an open fist. 	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-371	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2023
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V 366	Continued From page 39 Interviews on 03/24/2023 and 04/05/2023 with the Executive Director/Licensee revealed: -Did complete the Risk/Cause/Analysis for incidents dated 01/05/2023, 01/09/2023, 03/24/2023 and 03/25/2023. -Did not complete the Risk/Cause/Analysis or submit the written preliminary findings of fact to the LME/MCO within five working days for the alleged abuse incident against Staff #1 for popping Client #1 in the mouth with an open fist. - "I did not put it in documentation, but it is a lesson learned."	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-371	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2023
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V 367	<p>Continued From page 40</p> <p>cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall</p>	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-371	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2023
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V 367	<p>Continued From page 41</p> <p>include summary information as follows:</p> <ul style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II and III incidents in the Incident Response Improvement System (IRIS) and notify the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident affecting 1 of 3 audited Clients (#1) and 1 of 1 Former Client (FC #5). The findings are:</p> <p>Reviews on 03/24/2023 and 04/04/2023 of the facility records revealed: -No IRIS report submitted for emergency calls to dispatch local law enforcement to the facility for</p>	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-371	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2023
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V 367	<p>Continued From page 42</p> <p>FC #5's absent without official leave (AWOL) incidents dated 01/05/2023 and 01/09/2023.</p> <p>-No IRIS report submitted for emergency calls to dispatch an ambulance to the facility for Client #1's suicidal ideation incident dated 03/24/2023 and attempted medication overdose incident dated 03/25/2023.</p> <p>-No IRIS report or documentation of LME/MCO notification submitted for Staff #1 popping Client #1 in the mouth with an open fist.</p> <p>Reviews on 03/24/2023 and 04/04/2023 of the IRIS from 12/01/2022-03/23/2023 revealed:</p> <p>-No IRIS reports submitted for the incidents identified above.</p> <p>Interviews on 04/04/2023 with the Qualified Professional revealed:</p> <p>-"I don't know, but they (IRIS reports) will be done."</p> <p>-Did not complete IRIS reports for emergency calls to dispatch local law enforcement and Emergency Medical Technicians (EMT's) to the facility incidents dated 01/05/2023, 01/09/2023, 03/24/2023, and 03/25/2023.</p> <p>-Did not complete an IRIS report or notify the LME/MCO within 72 hours of becoming aware of the incident involving Staff #1 popping Client #1 in the mouth with an open fist.</p> <p>Interviews on 03/24/2023 and 04/05/2023 with the Executive Director/Licensee revealed:</p> <p>-"No, an IRIS report was not done because no one was touched."</p> <p>-"I have 8 IRIS reports. I reached out to the LME to find out why they were not submitted. I reached out twice."</p> <p>-Did not complete IRIS reports for emergency calls to dispatch local law enforcement and EMT's to the facility incidents dated 01/05/2023,</p>	V 367		

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V 367	Continued From page 43 01/09/2023, 03/24/2023, and 03/25/2023. -Did not complete an IRIS report or notify the LME/MCO within 72 hours of becoming aware of the incident involving Staff #1 popping Client #1 in the mouth with an open fist.	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall	V 500		

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V 500	<p>Continued From page 44</p> <p>identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure all incidents of alleged abuse are reported to the County Department of Social Services (DSS). The findings are:</p> <p>Review on 03/24/2023 of the facility records revealed: -No notification to the County DSS for the</p>	V 500		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-371	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2023	
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V 500	Continued From page 45 allegation of Staff #1 popping Client #1 in the mouth with an open fist incident. Review on 03/24/2023 of the IRIS from 12/01/2022-03/23/2023 revealed: -No notification to the County DSS for the allegation of Staff #1 popping Client #1 in the mouth with an open fist incident. Interview on 04/04/2023 with the Qualified Professional revealed: -"One of the girls ended up saying that [Client #1] made it (allegation against Staff #1) up." -Did not notify the County DSS of the allegation of Staff #1 popping Client #1 in the mouth with an open fist incident. Interviews on 03/24/2023 and 04/05/2023 the Executive Director/Licensee revealed: -"I notified the two DSS guardians." -"I thought it was just that I had to report to their DSS Guardian." -Did not notify the County DSS of the allegation of Staff #1 popping Client #1 in the mouth with an open fist incident.	V 500		
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		

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V 736	<p>Continued From page 46</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, attractive, and orderly manner. The findings are:</p> <p>Observation on 03/24/2023 from approximately 10:02 am-10:20 am revealed the following: Bedroom #1: -1 of 2 windows would not open. Bedroom #2: -Dark blue door with approximately 10-12-inch crack leading to the side of the doorknob and approximately 2-3-inch crack underneath the doorknob. Bedroom #3: -Dark blue door with approximately 5-6-inch crack underneath the doorknob, 8 tape strips, and 5 thumbnails.</p> <p>Interview on 03/24/2023 with Client #2 revealed: -Did not know what happened to the doors.</p> <p>Interview on 03/24/2023 with Client #3 revealed: -Bedrooms #2 and #3 door was locked and staff tried to get in the rooms.</p> <p>Interview on 03/24/2023 with Client #4 revealed: -"A client had an incident, locked the door, and staff had to kick it down."</p> <p>Interview on 03/24/2023 with Staff #1 revealed: -Did not know why the window would not open. -"I am not sure what happened to the doors."</p> <p>Interview on 03/24/2023 with the Executive Director/Licensee revealed: -Was not aware that the window would not open. -"[Client #1] locked herself in the room. I believe the report stated that staff was trying to get in the</p>	V 736		

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V 736	Continued From page 47 room." -Doors were damaged between 1st - 9th of September 2022 and the 27th of January 2023. -"I did not pay attention to the doors to be honest with you." -Would inform the Landlord of the facility repair needs.	V 736		