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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual survey was completed on April 26, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.	V 108		

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V 108	Continued From page 1 (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 3 audited staff (Home Manager) had a current cardiopulmonary resuscitation (CPR) and first aid (FA) training. The findings are: Review on 4/26/23 of the Home Manager's personnel record revealed: - CPR/FA certificate dated 1/23/2020 and expired in January 2022 During interview on 4/26/23 client #1 reported: - One staff worked on shifts During interview on 4/26/23 the Qualified Professional (QP) reported: - She was aware that some trainings for staff were not current - Human Resources (HR) would notify her (QP) and House Manager "when training is not current" - One staff worked on each shift "currently" During interview on 4/26/23 the Executive Director (ED) reported: - CPR and FA training was completed at the office - HR assured staff received the correct	V 108		

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V 108	Continued From page 2 trainings	V 108		
V 116	27G .0209 (A) Medication Requirements 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. (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. (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 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing. (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.	V 116		

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V 116	Continued From page 3	V 116		

This Rule is not met as evidenced by:
Based on observation, record review, and interviews, the facility failed to ensure medications were dispensed as written on a physician's order affecting 1 of 2 current clients (#2). The findings are:

Review on 4/26/23 of client #2's record revealed:
- Admitted 3/9/2002
- Diagnoses of Severe Intellectual Disability (Cognitively) Moderate Intellectual Disability (Adaptively); Cerebral Palsy; Spastic Diplegia, Seizure disorder, Vulgaris, Spastic Diplegia, Danny Walker Syndrome; Hydrocephalus S/P VP Shunt; Strabismus; Allergic Rhinitis, facial hair, Tinea Pedis; Dysmenorrhea
- Vitamin D 500mg by mouth (PO) twice a day (BID) (FL-2 dated 2/9/23) (Supplement)

Observation on 4/26/23 at 10:44am of client #2's medication bin revealed:
- No pill packet for Vitamin D 500mg

During interview on 4/26/23 the Licensed Practical Nurse (LPN) reported:
- Worked for the facility for a year
- Was responsible for clients' medications and physician orders
- Would attempt to visit the facility twice a month
- Was not aware of the Vitamin D order on the FL-2

During interview on 4/26/23 the Qualified Professional (QP) reported:

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V 116	Continued From page 4 - Worked for the facility for 7 months - LPN was responsible for checking client medications - Was not aware of client #2's physician order for Vitamin D	V 116		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	Continued From page 5	V 118		

This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to ensure 2 of 3 audited staff (#1 and #2) received medication administration training. The findings are:

Review on 4/26/23 of staff #1's personnel record revealed:
- Hired on 3/4/2020
- No documentation of medication administration training

Review on 4/26/23 of staff #2's personnel record revealed:
- Hired on 6/2/22
- No documentation of medication administration training

During interview on 4/26/23 the Licensed Practical Nurse (LPN) reported:
- Medication administration training was completed by the Registered Nurse (RN)
- Medication administration training was taught to all new hires

During interview on 4/26/23 the Qualified Professional (QP) reported:
- Human Resource (HR) staff were responsible for ensuring training was kept current

During interview on 4/26/23 the Executive Director (ED) reported:
- The nurse was responsible for ensuring staff had medication administration training

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V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (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. This Rule is not met as evidenced by: Based on observatios, record review and interviews the facility failed to dispose of medication to guard against diversion or accidental ingestion affecting 1 of 2 current staff	V 119		

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V 119	Continued From page 7 (#2) and 1 of 1 former client (FC #3). The findings are: Review on 4/26/23 of client #2's record revealed: - Admitted 3/9/2002 - Diagnoses of Severe Intellectual Disability (Cognitively) Moderate Intellectual Disability (Adaptively); Cerebral Palsy; Spastic Diplegia, Seizure disorder, Vulgaris, Spastic Diplegia, Danny Walker Syndrome; Hydrocephalus S/P VP Shunt; Strabismus; Allergic Rhinitis, facial hair, Tinea Pedis, and Dysmenorrhea. Review on 4/26/23 of client #2's FL-2 dated 2/9/23 revealed: - No physician's order for Clindamycin Lot 1% apply topically to the affected area between toes (Rash) Observation on 4/26/23 at 10:44am of client #2's medication bin revealed: - FC #3's Clindamycin Lot 1% During interview on 4/26/23 the House Manager reported: - 3rd shift was responsible for checking clients' medications - Clients' medication was checked weekly - The Clindamycin belonged to a former client - Staff did not use the Clindamycin on client #2 During interview on 4/26/23 the Licensed Practical Nurse (LPN) reported: - Was responsible for checking clients' medication - Staff were supposed to bring medication to her at the office and she would dispose of it - "[FC #3] should have taken all of her medications with her" - "Staff was told any medication left of hers (FC	V 119		

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V 119	Continued From page 8 #3) should have been brought to the office" During interview on 4/26/23 the Qualified Professional (QP) reported: - She "sometimes" looked through clients' medication	V 119		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (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. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain drug regimen reviews at least every six months affecting 2 of 2 clients (#1 & #2)The findings are: Review on 4/26/23 of client #1's record revealed: - Admitted 10/1/14 - Diagnoses: schizophrenia, Moderate Mental Retardation, Diabetes & Constipation - No evidence of drug regimen review	V 121		

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V 121	Continued From page 9 completed Review on 4/26/23 of client #2's record revealed: - Admitted 3/9/2002 - Diagnoses of Severe Intellectual Disability (Cognitively) Moderate Intellectual Disability (Adaptively); Cerebral Palsy; Spastic Diplegia, Seizure disorder, Vulgaris, Spastic Diplegia, Danny Walker Syndrome; Hydrocephalus S/P VP Shunt; Strabismus; Allergic Rhinitis, facial hair, Tinea Pedis, and Dysmenorrhea. - No evidence of drug regimen review completed Interview on 4/26/23 the Qualified Professional (QP) stated: - Have had some Nursing changes and unsure about the 6 month drug regimen reviews Interview on 4/26/23 the Licensed Practical Nurse (LPN) stated: - Client #1's review was completed by another doctor and client #1 will have to be seen by the doctor before they will release her drug regimen to the home since its been over 180 days since her last visit - Unsure of client #2's drug regimen the nurse that had worked at that home was no longer a staff	V 121		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.	V 536		

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V 536	Continued From page 10 (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with	V 536		

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V 536	Continued From page 11 disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the	V 536		

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V 536	Continued From page 12	V 536		

service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.
(5) Acceptable instructor training programs shall include but are not limited to presentation of:
(A) understanding the adult learner;
(B) methods for teaching content of the course;
(C) methods for evaluating trainee performance; and
(D) documentation procedures.
(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.
(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.
(8) Trainers shall complete a refresher instructor training at least every two years.
(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcomes (pass/fail);
(B) when and where attended; and
(C) instructor's name.
(2) The Division of MH/DD/SAS may request and review this documentation any time.
(k) Qualifications of Coaches:
(1) Coaches shall meet all preparation requirements as a trainer.
(2) Coaches shall teach at least three times the course which is being coached.
(3) Coaches shall demonstrate competence by completion of coaching or

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V 536	Continued From page 13 train-the-trainer instruction. (I) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the 2 of 3 audited staff (#1 & #3) had training on the use of alternatives to restrictive interventions. The findings are: Review on 4/26/23 of Staff #1's personnel record revealed: - Hired 3/4/20 - There was no evidence of current training. Review on 4/26/23 of Staff #1's personnel record revealed: - Hired 6/2/22 - There was no evidence of current training. Interview on 4/26/23 with the Administrator stated: - The trainings should be completed - The Training coordinator should have a copy of those trainings - Trainings are tracked through there system - Can fax the trainings to the surveyors by close of business Based on record review and interviews, the facility failed to ensure 2 of 3 audited staff (#1 and #2) received their annual refresher in Alternatives Restrictive Interventions training. The findings are:	V 536		

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V 536	Continued From page 14 Review on 4/26/23 of staff #1's personnel record revealed: - Hired on 3/4/2020 - Expired Alternative Restrictive Interventions training Review on 4/26/23 of staff #2's personnel record revealed: - Hired on 6/2/22 - No documentation of Alternative Restrictive Interventions training During interview on 4/26/23 the Qualified Professional (QP) reported: - The Behavioral Analysis was responsible for ensuring staff had Alternative Interventions training - Human Resources (HR) was responsible for ensuring staff training was kept current - She was aware that some staff was not current on their trainings - HR would notify her (QP) and House Manager "when training is not current" During interview on 4/26/23 the Executive Director (ED) reported: - HR assured staff received the correct trainings - Training coordinator was responsible for ensuring staff received trainings	V 536		
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	V 537		

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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 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

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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 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

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V 537	Continued From page 17 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 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:	V 537		

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V 537	Continued From page 18 (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 review and interviews, the facility failed to ensure 2 of 3 audited staff (#1 and #2) received their annual refresher in Alternatives of Seclusion, Physical Restraint and Isolation Time-out training. The findings are: Review on 4/26/23 of staff #1's personnel record revealed: - Hired on 3/4/2020 - Expired in Alternatives of Seclusion, Physical Restraint and Isolation Time-out training Review on 4/26/23 of staff #2's personnel record revealed: - Hired on 6/2/22 - No documentation of in Alternatives of Seclusion, Physical Restraint and Isolation	V 537		

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V 537	Continued From page 19 Time-out training During interview on 4/26/23 the Qualified Professional (QP) reported: - The Behavioral Analysis was responsible for ensuring staff had alternative interventions training - Human Resources (HR) was responsible for ensuring staff training was kept current - She was aware that some staff was not current on their trainings - HR would notify her (QP) and House Manager "when training is not current" During interview on 4/26/23 the Executive Director (ED) reported: - HR assured staff received the correct trainings - Training coordinator was responsible for ensuring staff received trainings	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 record review and interview the facility failed to ensure the home was maintained in a safe, clean and attractive manner. The findings	V 736		

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V 736	Continued From page 20 are: Observation on 4/26/23 at 11:00 AM revealed: Bathroom #1 exhaust fan covered with a thick layer of dust Client #2 bedroom - Dresser-1 missing drawer on a 6 drawer dresser and 2 drawers are broken - 4 slats in the blinds broken in 2 places - Tall dresser 3 drawers broken on 4 dresser drawer. Interview on 4/26/23 the House Manager stated: - The staff clean the house daily - Had not noticed how dusty the exhaust fan was - The clients break the blinds by looking out of the window - Work orders are submitted and maintenance will complete Interview on 4/26/23 the Administrator stated: - They had a meeting at the group home about the exhaust fans - Maintenance usually completes the work orders quickly.	V 736		