

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-033</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/15/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EDWARDS RESIDENTIAL CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1862 OLD WILSON ROAD</b> <b>ROCKY MOUNT, NC 27802</b>
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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	<p><b>INITIAL COMMENTS</b></p> <p>An annual, follow up and complaint survey was completed on 5/15/23. The complaints were substantiated (Intake #NC00198322 &amp; #NC00201803). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 8 and currently has a census of 4. The survey sample consisted of audits of 4 current clients.</p> <p>Family members of the Licensee are identified in this report as staff and their relation to the Licensee.</p>	V 000		
V 106	<p><b>27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES</b></p> <p><b>10A NCAC 27G .0201 GOVERNING BODY POLICIES</b></p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(8) use of medications by clients in accordance with the rules in this Section;</p> <p>(9) reporting of any incident, unusual occurrence or medication error;</p> <p>(10) voluntary non-compensated work performed by a client;</p> <p>(11) client fee assessment and collection practices;</p> <p>(12) medical preparedness plan to be utilized in a medical emergency;</p> <p>(13) authorization for and follow up of lab tests;</p> <p>(14) transportation, including the accessibility of emergency information for a client;</p> <p>(15) services of volunteers, including supervision</p>	V 106		

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

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V 106	<p>Continued From page 1</p> <p>and requirements for maintaining client confidentiality; (16) areas in which staff, including nonprofessional staff, receive training and continuing education; (17) safety precautions and requirements for facility areas including special client activity areas; and (18) client grievance policy, including procedures for review and disposition of client grievances. (b) Minutes of the governing body shall be permanently maintained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement their policy on maintaining client confidentiality. The findings are:</p> <p>Review on 3/31/23 of client #1's record revealed: - Admitted: 1/1/85 - Diagnoses: Mental Retardation, Diabetes, Bladder Outlet Obstruction, Benign Essential Tremor, and Hyperlipidemia</p> <p>Review on 3/31/23 of client #2's record revealed: - Admitted: 1/1/85 - Diagnoses: Mental Retardation, Total Blindness, Seizure Disorder, Hyperlipidemia, Prostration, Chronic Dermatitis, and Hematuria</p> <p>Review on 3/31/23 of client #3's record revealed: - Admitted: 9/14/00 - Diagnoses: Hypothyroidism, Hyperlipidemia, Mental Retardation, Down's Syndrome, Pulmonary Hypertension, Tricuspid, Diabetes,</p>	V 106		

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V 106	<p>Continued From page 2</p> <p>Bell's Palsy, and Sleep Apnea</p> <p>Review on 3/31/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 6/7/98</li> <li>- Diagnoses: Mental Retardation, Down's Syndrome, Achalasia of Cardia, Anemia, Reflux Esophagitis, Vitamin B &amp; Vitamin D Deficiency, Legionnaires Disease, and Obesity</li> </ul> <p>Review on 4/13/23 of the facility's Client Rights policy revealed:</p> <ul style="list-style-type: none"> <li>- "As a person, each consumer has specific human and legal rights as granted in the Constitution of the United States, which will be followed and respected daily by ERC (Edwards Residential Care). The following is a brief outline of those rights; further information...a) The right to privacy..."</li> </ul> <p>Interview on 4/12/23 staff #1/great niece reported:</p> <ul style="list-style-type: none"> <li>- Staff #2/sister-in-law helped with transportation to the client's doctors appointments</li> <li>- Staff #2/sister-in-law would go into the doctor's office with them to help the Licensee remember certain questions that needed to be asked of the doctor</li> </ul> <p>Interview on 4/12/23 staff #2/sister-in-law reported:</p> <ul style="list-style-type: none"> <li>- She went to the group home weekly to help "the guys (clients) get the laundry done, change sheets, helps [the Licensee] get her showers, the boys can bathe themselves but [client #3] gives me some issues with bathing so I will check to make sure [client #3] is doing his hygiene because he will say that he has done it and hasn't"</li> <li>- She transported the clients to their doctor's appointments</li> <li>- The Licensee's former client #5 helped with</li> </ul>	V 106		

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V 106	<p>Continued From page 3</p> <p>taking the clients to the doctors</p> <ul style="list-style-type: none"> <li>- Staff#3/brother transported the clients to the doctors</li> <li>- The Licensee would stay back with the other clients that didn't have appointments</li> <li>- Client #1 normally went to the doctors with client #2 to learn how to care for client #2's urinary catheter</li> <li>- She and staff #3/brother didn't think it was "safe for her (the Licensee) to drive" and that's why they provided transportation</li> <li>- They were all family and no one was "on the payroll" but the Qualified Professional (QP)/nephew</li> <li>- They made sure the Licensee and the clients' were "always covered (there was always a family member available to assist with care and services)"</li> </ul> <p>Interview on 3/31/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- "A friend of mine (staff#2/sister-in-law) that is good with this type of work comes over and helps me with things and look over things like treatment plans"</li> </ul> <p>Interview on 4/12/23 the QP/nephew reported:</p> <ul style="list-style-type: none"> <li>- The family stepped in to "fill the gaps" because the Licensee was getting "up there in age"</li> <li>- "We have been struggling trying to figure out systems to make sure everything was taken care of "</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living - Scope (V289) for a Type B rule violation and must be corrected within 45 days.</p>	V 106		

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V 107	Continued From page 4	V 107		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</li> <li>(2) specifies the duties and responsibilities of the position;</li> <li>(3) is signed by the staff member and the supervisor; and</li> <li>(4) is retained in the staff member's file.</li> </ul> <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> <li>(1) is at least 18 years of age;</li> <li>(2) is able to read, write, understand and follow directions;</li> <li>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</li> <li>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</li> </ul> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual</p>	V 107		

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V 107	<p>Continued From page 5</p> <p>employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have personnel records affecting 3 of 4 paraprofessional staff (staff #1/great-niece, staff #2/sister-in-law, staff #3/brother). The findings are:</p> <p>Review on 3/31/23 of the facility's records revealed:</p> <ul style="list-style-type: none"> <li>- No personnel record for staff #1/great-niece, staff #2/sister-in-law, staff #3/brother</li> <li>- No evidence of required documentation of personnel requirements including job description and educational requirements for staff #1/great-niece, staff #2/sister-in-law, and staff #3/brother</li> </ul> <p>Interview on 4/12/23 staff #1/great-niece reported:</p> <ul style="list-style-type: none"> <li>- They were family</li> <li>- She had a full-time job</li> <li>- She was not an employee of the Licensee</li> <li>- She started helping out around March 2022</li> <li>- She helped the Licensee out but was unable to go to the group home as much as she used to because of working her full-time job</li> </ul>	V 107		

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V 107	<p>Continued From page 6</p> <p>Interview on 4/12/23 staff #2/sister-in-law reported:</p> <ul style="list-style-type: none"> <li>- They were all family members</li> <li>- She was not sure when she started helping "it just happened"</li> <li>- Only the Qualified Professional (QP)/nephew was on the "payroll"</li> </ul> <p>Interview on 4/12/23 with staff #3/brother reported:</p> <ul style="list-style-type: none"> <li>- He was not an employee</li> <li>- He was helping his sister, the Licensee, with the clients</li> <li>- It was a "family thing"</li> <li>- "Money wise", the Licensee was not able to hire full time employees</li> </ul> <p>Interview on 4/12/23 the QP/nephew reported:</p> <ul style="list-style-type: none"> <li>- "Family, dad, niece and sister has stepped in to fill the gaps because she is getting up there in age"</li> <li>- No family member had a personnel record</li> </ul> <p>Interview on 3/31/23 &amp; 4/13/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- Staff #2/sister-in-law was not an employee</li> <li>- If she got sick, her sister-in-law would probably stay with the "guys" (clients) because she was really good with them</li> <li>- Her family had been helping her with the clients for years because the clients were family</li> </ul> <p>Interview on 5/8/23 the QP/nephew reported:</p> <ul style="list-style-type: none"> <li>- The family had not been trained</li> <li>- Working with a trainer to get everyone scheduled at once for the trainings in June 2023</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living - Scope (V289) for a Type B rule violation and must be</p>	V 107		

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V 107	Continued From page 7  corrected within 45 days.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.	V 108		



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V 108	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure training to meet the needs of the clients affecting 3 of 4 paraprofessional staff (staff #1/great-niece, staff #2/sister-in-law, staff #3/brother). The findings are:</p> <p>Review on 3/31/23 of the facility records revealed:</p> <ul style="list-style-type: none"> <li>- No personnel record for staff #1/great-niece, staff #2/sister-in-law, staff #3/brother</li> <li>- No evidence of required training including general organizational training, client rights, confidentiality, infectious disease, bloodborne pathogens, first aid, cardiopulmonary resuscitation, and training to meet the mh/dd/sa needs of the clients.</li> </ul> <p>Interview on 4/12/23 &amp; 4/13/23 the Qualified Professional (QP)/nephew reported:</p> <ul style="list-style-type: none"> <li>- None of the family members were employees</li> <li>- Family was "stepping in" to help out</li> <li>- No family member had any trainings in order to work with the clients</li> <li>- He would work on getting trained staff in the home but it wouldn't "happen overnight"</li> </ul> <p>Interview on 3/31/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- Her family had been helping her with the clients for years because the clients were family</li> </ul> <p>Interview on 5/8/23 the QP/nephew reported:</p> <ul style="list-style-type: none"> <li>- The family had not been trained</li> <li>- Working with a trainer to get everyone scheduled at once for the trainings in June 2023</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living - Scope</p>	V 108		

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V 108	Continued From page 9  (V289) for a Type B rule violation and must be corrected within 45 days.	V 108		
V 109	27G .0203 Privileging/Training Professionals  10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.	V 109		

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V 109	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on record review and interview, 1 of 1 Qualified Professionals (QP)/nephew failed to demonstrate knowledge and skills required by the population served. The findings are:</p> <p>Review on 3/31/23 of the QP/nephew's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Hired: 10/18/06</li> </ul> <p>Interview on 4/12/23 the QP/nephew reported:</p> <ul style="list-style-type: none"> <li>- Duties included: "med (medical) charts, record and bookkeeping, inspections, deficiencies and worked those out with construction, health inspections, fire inspections, Beacons (former Local Management Entity/Managed Care Organization) inspections"</li> <li>- "I previously did treatment plans when I was working for her (the Licensee) full time but I try to keep them updated as I can but I have not been doing that as much since working full time job but usually I update them twice a year in January and July"</li> <li>- "She (the Licensee) was better suited to handle the guys (clients) and I was better suited to handle the paperwork"</li> </ul> <p>Refer to V112 regarding clients' treatment plans.</p> <ul style="list-style-type: none"> <li>- Client #2's treatment plan did not address his urinary catheter</li> <li>- Client #3's treatment plan did not address his aggressive behaviors or hoarding food</li> </ul>	V 109		

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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 109	<p>Continued From page 11</p> <p>Refer to V113 regarding clients' progress notes.</p> <ul style="list-style-type: none"> <li>- Clients #1 - #4 did not have any documentation of progress towards outcomes of goals</li> </ul> <p>Refer to V290 regarding minimum staffing.</p> <ul style="list-style-type: none"> <li>- Clients #1 - #4 were left without staff and with the Licensee's family members when the Licensee took a client to their doctors' appointments</li> <li>- Client #1 was sent in the store to shop without staff supervision and without being assessed for unsupervised time</li> </ul> <p>Interview on 4/14/23 the QP/nephew confirmed:</p> <ul style="list-style-type: none"> <li>- No client had unsupervised time</li> <li>- He did not complete progress notes for the clients</li> <li>- He did not update the treatment plans because "99% of the time, the goals are not changed because these are things that they have always had problems with and always will have problems with, so the goals normally stay the same"</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living - Scope (V289) for a Type B rule violation and must be corrected within 45 days.</p>	V 109		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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</p>	V 112		

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V 112	<p>Continued From page 12</p> <p>of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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 obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop and implement goals &amp; treatment strategies for 2 of 4 clients (#2, #3). The findings are:</p> <p>Review on 3/31/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 1/1/85</li> <li>- Diagnoses: Mental Retardation, Total Blindness, Seizure Disorder, Hyperlipidemia, Prostration, Chronic Dermatitis, and Hematuria</li> <li>- Treatment plan dated 1/1/23 did not have any goals or strategies to address client's urinary</li> </ul>	V 112		

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V 112	<p>Continued From page 13</p> <p>catheter use and care</p> <p>Review on 3/31/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 9/14/00</li> <li>- Diagnoses: Hypothyroidism, Hyperlipidemia, Mental Retardation, Down's Syndrome, Pulmonary Hypertension, Tricuspid, Diabetes, Bell's Palsy, and Sleep Apnea</li> <li>- Treatment plan dated 1/1/23 did not have any goals or strategies to address behaviors of hoarding food, getting up in the middle of the night to get food and aggressive behaviors with other clients</li> </ul> <p>Interview on 4/12/23 staff #1/great-niece reported:</p> <ul style="list-style-type: none"> <li>- The only one that gave the Licensee any "issues" was client #3</li> <li>- Client #3 "is mouthy and knows everything"</li> <li>- Client #3 would wake up in the middle of the night and try and "eat everything"</li> <li>- She had found food and snacks in client #3's bedroom</li> </ul> <p>Interview on 4/12/23 staff #2/sister-in-law reported:</p> <ul style="list-style-type: none"> <li>- Client #3 had been "poking people" with his cane</li> <li>- Staff #3/brother talked to client #3 when he did that</li> <li>- Client #3 would come down at night and eat a whole pack of sandwich meat or a whole bag of potato chips</li> <li>- All of the family "link in several times a day into the cameras" to try and monitor client #3's verbal and physical aggression towards the other clients</li> </ul> <p>Interview on 4/13/23 staff #3/brother reported:</p> <ul style="list-style-type: none"> <li>- He didn't do much with the "guys" (clients)</li> </ul>	V 112		

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V 112	<p>Continued From page 14</p> <p>other than talk to them to "not argue"</p> <ul style="list-style-type: none"> <li>- Client #3 had become "really bully like"</li> <li>- Client #3 had been a "little hard to deal with" so he tried to "keep them under control" by talking to them</li> </ul> <p>Interview on 4/13/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- When client #3 was arguing with another client, she tried to get them to agree</li> <li>- She could tell by the tone of their voices when they were upstairs that they were arguing</li> <li>- She usually "yelled" upstairs for them to come downstairs so she could talk to them about arguing</li> <li>- The urinary catheter was a leg bag that client #1 emptied when it was full</li> </ul> <p>Interview on 4/12/23, 4/14/23 &amp; 4/26/23 the Qualified Professional/nephew reported:</p> <ul style="list-style-type: none"> <li>- Duties included updating treatment plans</li> <li>- He previously wrote treatment plans when he was working for the Licensee full time but he tried to keep them updated as he could but had not been doing that as much since working his full time job elsewhere</li> <li>- Client #3 was the "bully of the home" and a "hoarder of food"</li> <li>- Client #3 "steals" lunch meat and junk food</li> <li>- "99% of the time, the goals are not changed because these are things that they have always had problems with and always will have problems with so the goals normally stay the same"</li> <li>- "[Client #2] is blind and will always be blind so a goal is to maneuver through the house and that won't change"</li> <li>- Would update the treatment plans to address client #2's urinary catheter use and care and client #3's behaviors</li> </ul> <p>This deficiency is cross referenced into 10A</p>	V 112		

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V 112	Continued From page 15  NCAC 27G .5601 Supervised Living - Scope (V289) for a Type B rule violation and must be corrected within 45 days.	V 112		
V 113	27G .0206 Client Records  10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders;	V 113		



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V 113	<p>Continued From page 16</p> <p>(C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to document progress towards goals for 4 of 4 clients (#1, #2, #3, #4). The findings are:</p> <p>Review on 3/31/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 1/1/85</li> <li>- Diagnoses: Mental Retardation, Diabetes, Bladder Outlet Obstruction, Benign Essential Tremor, and Hyperlipidemia</li> <li>- Treatment plan dated 1/1/23 revealed: continue to help client eliminate nervousness in completing tasks, will slow his food intake at the table, and will continue to enjoy his participation in the computer education program</li> </ul> <p>Review on 3/31/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 1/1/85</li> <li>- Diagnoses: Mental Retardation, Total Blindness, Seizure Disorder, Hyperlipidemia, Prostration, Chronic Dermatitis, and Hematuria</li> <li>- Treatment plan dated 1/1/23 revealed: to continue enrollment at Tri County Industries, to utilize a new cane to improve mobility around the group home and in new settings, and to continue using his mat to hold his plate more securely</li> </ul>	V 113		

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V 113	<p>Continued From page 17</p> <p>while eating</p> <p>Review on 3/31/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 9/14/00</li> <li>- Diagnoses: Hypothyroidism, Hyperlipidemia, Mental Retardation, Down's Syndrome, Pulmonary Hypertension, Tricuspid, Diabetes, Bell's Palsy, and Sleep Apnea</li> <li>- Treatment plan dated 1/1/23 revealed: to continue the Think-Plan-Act process to build survival, vocational and transitional skills and encourage better interpersonal relationships, to continue promoting good hygiene and cleanliness of self and room, and to continue participation at TCI (Tri County Industries)</li> </ul> <p>Review on 3/31/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 6/7/98</li> <li>- Diagnoses: Mental Retardation, Down's Syndrome, Achalasia of Cardia, Anemia, Reflux Esophagitis, Vitamin B &amp; Vitamin D Deficiency, Legionnaires Disease, and Obesity</li> <li>- Treatment plan dated 1/1/23 revealed: to improve his exercise program and nutritional intake resulting in a stronger, healthier body</li> </ul> <p>Review on 3/31/23 of the above client records did not reveal any documentation by the Qualified Professional (QP)/nephew or the Licensee regarding clients progress toward outcomes.</p> <p>Review on 4/13/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- She did not do progress notes</li> <li>- She was not sure if she had ever completed progress notes</li> <li>- She was not "quite sure" what progress notes were</li> </ul> <p>Interview on 4/14/23 the QP/nephew reported:</p> <ul style="list-style-type: none"> <li>- There were no progress notes to show the</li> </ul>	V 113		

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V 113	Continued From page 18  clients' working toward their goals - He had spoken with the Licensee in the past regarding the need to complete progress notes but the Licensee was still not completing them - He would create a progress note for the Licensee to fill out - He would speak with the Licensee on completing the progress notes  This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living - Scope (V289) for a Type B rule violation and must be corrected within 45 days.	V 113		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire and disaster drills at least quarterly and repeated for each shift and that	V 114		

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V 114	<p>Continued From page 19</p> <p>simulated fire emergencies. The findings are:</p> <p>Review on 3/31/23 of the facility's January 2022 thru January 2023 fire and disaster drill log revealed fire and disaster drills were mostly completed on the weekends when the Qualified Professional (QP)/nephew was present and not during the week and during different times.</p> <p>Interview on 3/31/23 client #1 reported:</p> <ul style="list-style-type: none"> <li>- Go outside if there was a fire</li> <li>- the QP/nephew "do the fires"</li> <li>- "I take everybody (clients) down the stairs and outside"</li> </ul> <p>Interview on 3/31/23 &amp; 4/13/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- She did fire and disaster drills</li> <li>- The QP/nephew did most of the fire and disaster drills on the weekends when he came over</li> <li>- She didn't know where the fire and disaster drill log was located</li> <li>- She remembered doing fire and disaster drills in the middle of the night but it's been "a right good while" since that had been done</li> </ul> <p>Interview on 4/13/23 the QP/nephew reported:</p> <ul style="list-style-type: none"> <li>- He did the fire and disaster drills when he came over on the weekends to do the paperwork</li> <li>- No fire drills were conducted during the week or in the middle of the night</li> <li>- He would work with the Licensee on conducting fire drills during the week and at various times of the day and night</li> </ul>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION</p>	V 118		

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V 118	<p>Continued From page 20</p> <p><b>REQUIREMENTS</b></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> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(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> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to keep the MAR current affecting 4 of 4 clients (#1, #2, #3, #4). The findings are:</p>	V 118		

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V 118	<p>Continued From page 21</p> <p>Review on 3/31/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 1/1/85</li> <li>- Diagnoses: Mental Retardation, Diabetes, Bladder Outlet Obstruction, Benign Essential Tremor, and Hyperlipidemia</li> <li>- physician order dated 11/15/22 revealed:               <ul style="list-style-type: none"> <li>- Metformin 500 milligram (mg) tablet (tab), 8am &amp; 4pm (diabetes)</li> <li>- Glimepiride 4 mg tab, 8am &amp; 4pm (diabetes)</li> <li>- Simvastatin 20 mg tab, 8pm (elevated lipid levels)</li> <li>- Tamsulosin 0.4 mg capsule, 8pm (cap) (prostate)</li> <li>- Clonazepam 2 mg tab, 8am &amp; 8pm (anxiety)</li> <li>- Advair 250-50 Diskus, 8am &amp; 8pm (asthma)</li> </ul> </li> </ul> <p>Review on 3/31/23 at 1:30pm of client #1's March 2023 MAR revealed the following medications were documented as administered prior to the time they were scheduled to be administered for 3/31/23:</p> <ul style="list-style-type: none"> <li>- Metformin 500 mg tab, 4pm</li> <li>- Glimepiride 4 mg tab, 4pm</li> <li>- Simvastatin 20 mg tab, 8pm</li> <li>- Tamsulosin 0.4 mg cap, 8pm</li> <li>- Clonazepam 2 mg tab, 8pm</li> <li>- Advair 250-50 Diskus, 8pm</li> </ul> <p>Review on 3/31/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 1/1/85</li> <li>- Diagnoses: Mental Retardation, Total Blindness, Seizure Disorder, Hyperlipidemia, Prostration, Chronic Dermatitis, and Hematuria</li> <li>- physician order dated 10/10/22 revealed:               <ul style="list-style-type: none"> <li>- Tamsulosin 0.4 mg cap, 8pm (prostate)</li> </ul> </li> </ul>	V 118		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-033</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/15/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EDWARDS RESIDENTIAL CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1862 OLD WILSON ROAD</b> <b>ROCKY MOUNT, NC 27802</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 22</p> <ul style="list-style-type: none"> <li>- Donepezil 10 mg tab, 8pm (dementia)</li> <li>- Sertraline 50 mg tab, 8pm (antidepressant)</li> <li>- Atorvastatin 80 mg tab, 8pm (abnormal lipid levels)</li> <li>- Quetiapine Fumarate 25 mg tab, 8pm (mood)</li> <li>- Breo Ellipta 200-25 micrograms (mcg), Inhaler, 9am (asthma)</li> </ul> <p>Review on 3/31/23 at 1:45pm of client #2's March 2023 MAR revealed the following medications were documented as administered prior to the time they were scheduled to be administered for 3/31/23:</p> <ul style="list-style-type: none"> <li>- Tamsulosin 0.4 mg cap, 8pm</li> <li>- Donepezil 10 mg tab, 8pm</li> <li>- Sertraline 50 mg tab, 8pm</li> <li>- Atorvastatin 80 mg tab, 8pm</li> <li>- Quetiapine Fumarate 25 mg tab, 8pm and Breo Ellipta 200-25 (mcg) Inhaler, 9am were not initialed as being administered for the entire month</li> </ul> <p>Review on 3/31/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 9/14/00</li> <li>- Diagnoses: Hypothyroidism, Hyperlipidemia, Mental Retardation, Down's Syndrome, Pulmonary Hypertension, Tricuspid, Diabetes, Bell's Palsy, and Sleep Apnea</li> <li>- physician order dated 9/29/22 revealed: <ul style="list-style-type: none"> <li>- Montelukast Sodium 10 mg tab, 4pm (allergies)</li> <li>- Simvastatin 40 mg tab, 8pm (lipid levels)</li> <li>- Metformin 500 mg tab, 4pm (diabetes)</li> <li>- Carvedilol 3.125 mg tab, 8am &amp; 4pm (high blood pressure)</li> </ul> </li> </ul>	V 118		

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V 118	<p>Continued From page 23</p> <ul style="list-style-type: none"> <li>- Glipizide 5 mg tab, 8am &amp; 4pm (diabetes)</li> <li>- Eliquis 5 mg tab, 8am &amp; 8pm (blood thinner)</li> <li>- Quetiapine Fumarate 25 mg tab, 8pm (mood)</li> <li>- Allopurinol 100 mg tab, 9am (uric acid reducer)</li> </ul> <p>Review on 3/31/23 at 1:15pm of client #3's March 2023 MAR revealed the following medications were documented as administered prior to the time they were scheduled to be administered for 3/31/23:</p> <ul style="list-style-type: none"> <li>- Montelukast Sodium 10 mg tab, 4pm</li> <li>- Simvastatin 40 mg tab, 8pm</li> <li>- Metformin 500 mg tab, 4pm</li> <li>- Carvedilol 3.125 mg tab, 4pm</li> <li>- Glipizide 5 mg tab, 4pm</li> <li>- Eliquis 5 mg tab, 8pm</li> <li>- Quetiapine Fumarate 25 mg tab, 8pm</li> <li>- Allopurinol 100 mg tab, 9am was not initialed as being administered for the entire month</li> </ul> <p>Review on 3/31/23 of client #4's record revealed medications being administered prior to the time of scheduled administration:</p> <ul style="list-style-type: none"> <li>- Admitted: 6/7/98</li> <li>- Diagnoses: Mental Retardation, Down's Syndrome, Achalasia of Cardia, Anemia, Reflux Esophagitis, Vitamin B &amp; Vitamin D Deficiency, Legionnaires Disease, and Obesity</li> <li>- physician order dated 10/10/22 revealed: <ul style="list-style-type: none"> <li>- Simethicone 80 mg tab, 4 times a day (reduce bloating)</li> <li>- Montelukast Sodium 10 mg tab, once daily (allergies)</li> <li>- Famotidine 20 mg tab, twice daily (stomach acid)</li> <li>- Vitamin B-12, 1,000 mcg tab, once</li> </ul> </li> </ul>	V 118		



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V 118	<p>Continued From page 24</p> <p>daily (supplement)</p> <ul style="list-style-type: none"> <li>- Vitamin D2, 1.25 mg (50,000 uit),</li> </ul> <p>weekly (supplement)</p> <ul style="list-style-type: none"> <li>- Cetirizine 10 mg tab, one tab at bedtime (antihistamine)</li> <li>- Pantoprazole Sodium 40 mg tab, twice daily (acid reflux)</li> <li>- Tamsulosin 0.4 mg cap, once daily (prostate)</li> <li>- Levothyroxine Sodium 0.112 mg, once daily (hypothyroidism)</li> <li>- Breo Ellipta 100-25 mcg inhaler, puff once daily (asthma)</li> <li>- Fluticasone Prop 50 mcg spray, 2 sprays once daily (nasal symptoms)</li> </ul> <p>Review on 3/31/23 at 2:30pm of client #4's March MAR revealed:</p> <ul style="list-style-type: none"> <li>- Simethicone 80 mg tab, 4 times a day</li> <li>- Montelukast Sodium 10 mg tab, once daily</li> <li>- Famotidine 20 mg tab, twice daily</li> <li>- Vitamin B-12, 1,000 mcg tab, once daily</li> <li>- Vitamin D2, 1.25 mg (50,000 unit), weekly</li> <li>- Cetirizine 10 mg tab, one tab at bedtime</li> <li>- Pantoprazole Sodium 40 mg tab, twice daily</li> <li>- Tamsulosin 0.4 mg cap, once daily</li> <li>- Levothyroxine Sodium 0.112 mg, once daily</li> <li>- Breo Ellipta 100-25 mcg inhaler, puff once daily</li> <li>- Fluticasone Prop 50 mcg spray, 2 sprays once daily</li> <li>- None of the above medications were administered as being administered for the month</li> </ul> <p>Interview on 3/31/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- She gave the clients their meds</li> <li>- She "just signs" the MARs when they come with the medications</li> </ul>	V 118		

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V 118	<p>Continued From page 25</p> <p>Interview on 4/14/23 the Qualified Professional/nephew reported:</p> <ul style="list-style-type: none"> <li>- He had discussions with the Licensee about signing off on medications as she administered them</li> <li>- He spoke with the Licensee about not signing the MARs prior to administering the medications</li> <li>- He recently sat with her to discuss this</li> <li>- He would speak with her again about when to sign off on medications administered</li> </ul> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</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>	V 121		

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V 121	<p>Continued From page 26</p> <p>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 3 of 4 clients (#1, #2, #3). The findings are:</p> <p>Review on 3/31/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 1/1/85</li> <li>- Diagnoses: Mental Retardation, Diabetes, Bladder Outlet Obstruction, Benign Essential Tremor, and Hyperlipidemia</li> <li>- Physician order dated 11/15/22 revealed:               <ul style="list-style-type: none"> <li>-Clonazepam 2 milligram (mg) tablet (anxiety)</li> </ul> </li> </ul> <p>Review on 3/31/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 1/1/85</li> <li>- Diagnoses: Mental Retardation, Total Blindness, Seizure Disorder, Hyperlipidemia, Prostration, Chronic Dermatitis, and Hematuria</li> <li>- Physician's order dated 10/10/22 revealed:               <ul style="list-style-type: none"> <li>-Quetiapine Fumarate 25 mg tablet (antipsychotic)</li> </ul> </li> </ul> <p>Review on 3/31/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 9/14/00</li> <li>- Diagnoses: Hypothyroidism, Hyperlipidemia, Mental Retardation, Down's Syndrome, Pulmonary Hypertension, Tricuspid, Diabetes, Bell's Palsy, and Sleep Apnea</li> <li>- Physician's order dated 9/29/22 revealed:               <ul style="list-style-type: none"> <li>-Quetiapine Fumarate 25 mg tablet</li> </ul> </li> </ul> <p>Reviews on 3/31/23 of the above client records did not reveal any documentation of drug regimen reviews being completed.</p> <p>Interview on 3/31/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- No pharmacist had been to the group home</li> </ul>	V 121		

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V 121	Continued From page 27  to review any medications - Didn't know a pharmacist was "supposed to do that" (complete a drug regimen review at least every six months)  Interview on 4/12/23 the Qualified Professional (QP)/nephew reported: - Drug Regimen reviews was "news to me" - No pharmacist had ever come to the group home to review any medications - He would call the pharmacist to see what the process was to review the medications	V 121		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the health care personnel registry (HCPR) affecting 3 of 4 paraprofessionals (staff #1/great-niece, staff #2/sister-in-law, staff #3/brother). The findings are:  Review on 3/31/23 of the facility records revealed: - No HCPR had been accessed for staff	V 131		

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V 131	<p>Continued From page 28</p> <p>#1/great-niece, staff #2/sister-in-law, staff #3/brother</p> <p>Interview on 4/12/23 staff #1/great-niece reported:</p> <ul style="list-style-type: none"> <li>- She was going to the group home at least twice a week until she got a full time job and now went every other weekend</li> <li>- She helped with the client's hygiene, making sure they got baths and brushed their teeth</li> <li>- She had been helping out since March 2022</li> </ul> <p>Interview on 4/12/23 staff #2/sister-in-law reported:</p> <ul style="list-style-type: none"> <li>- She went to the group home weekly</li> <li>- She checked that the clients took their showers</li> <li>- "[Client #3] gives me some issues with bathing so I will check to make sure [client #3] is doing his hygiene because he will say that he has done it and hasn't"</li> <li>- When the Licensee was hospitalized, they all (the family) took turns staying with the clients</li> <li>- She provided transportation for the clients to their doctor appointments</li> <li>- She was not sure when she started helping "it just happened"</li> </ul> <p>Interview on 4/12/23 staff #3/brother reported:</p> <ul style="list-style-type: none"> <li>- He went to the group home weekly and sometimes twice a week just to "check on things"</li> <li>- He reminded the clients about their hygiene</li> <li>- He talked to the clients when they were arguing</li> <li>- He transported clients to the doctors with the Licensee</li> </ul> <p>Interview on 3/31/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- Her family had been helping her with the clients for years because "the guys (clients) were</li> </ul>	V 131		

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V 131	<p>Continued From page 29</p> <p>family"</p> <p>Interview on 4/12/23 the Qualified Professional/nephew reported:</p> <ul style="list-style-type: none"> <li>- Family had stepped in to "fill the gaps" because the Licensee was getting "up there in age"</li> <li>- "We have been struggling trying to figure out systems to make sure everything was taken care of "</li> <li>- Confirmed that staff #1/great-niece, staff #2/sister-in-law, staff #3/brother didn't have a HCPR completed</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living - Scope (V289) for a Type B rule violation and must be corrected within 45 days.</p>	V 131		
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.</p> <p>(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.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national</p>	V 133		

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V 133	Continued From page 30  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 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	V 133		

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V 133	<p>Continued From page 31</p> <p>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"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <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</p>	V 133		



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V 133	<p>Continued From page 32</p> <p>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 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;</p>	V 133		

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V 133	<p>Continued From page 33</p> <p>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 subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(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;</p>	V 133		

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V 133	<p>Continued From page 34</p> <p>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 review and interview, the facility failed to request a criminal history record check affecting 3 of 4 paraprofessionals (staff #1/great-niece, staff #2/sister-in-law, staff #3/brother). The findings are:</p> <p>Review on 3/31/23 of the facility records revealed:</p> <ul style="list-style-type: none"> <li>- No criminal history record check had been requested for the above staff</li> </ul> <p>Interview on 4/12/23 staff #1/great-niece reported:</p> <ul style="list-style-type: none"> <li>- She was going to the group home at least twice a week until she got a full time job and now went every other weekend</li> <li>- She helped with the clients' hygiene, making sure they got baths and brushed their teeth</li> </ul> <p>Interview on 4/12/23 staff #2/sister-in-law reported:</p> <ul style="list-style-type: none"> <li>- She went to the group home weekly</li> <li>- She checked that the clients took their showers</li> <li>- "[Client #3] gives me some issues with bathing so I will check to make sure [client #3] is doing his hygiene because he will say that he has done it and hasn't"</li> <li>- When the Licensee was hospitalized in January 2023, they all (the family) took turns staying with the clients</li> <li>- She provided transportation for the clients to</li> </ul>	V 133		

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V 133	<p>Continued From page 35</p> <p>their doctor appointments</p> <p>Interview on 4/12/23 staff #3/brother reported:</p> <ul style="list-style-type: none"> <li>- He went to the group home weekly and sometimes twice a week just to "check on things"</li> <li>- He reminded the clients about their hygiene</li> <li>- He talked to the clients when they were arguing</li> <li>- He transported clients to the doctors with the Licensee</li> </ul> <p>Interview on 4/12/23 the Qualified Professional/nephew reported:</p> <ul style="list-style-type: none"> <li>- Family had stepped in to "fill the gaps" because the Licensee was getting "up there in age"</li> <li>- "We have been struggling trying to figure out systems to make sure everything was taken care of"</li> <li>- Confirmed that no criminal history checks were requested on staff #1/great-niece, staff #2/sister-in-law, staff #3/brother</li> </ul> <p>Interview on 4/13/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- The QP/nephew did all the paperwork</li> <li>- She didn't know about criminal history checks</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living - Scope (V289) for a Type B rule violation and must be corrected within 45 days.</p>	V 133		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or</p>	V 289		

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V 289	<p>Continued From page 36</p> <p>rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have</p>	V 289		

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V 289	<p>Continued From page 37</p> <p>other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 4 of 4 clients (#1, #2, #3 and #4) had a home environment where the primary purpose of these services were the care and rehabilitation of individuals who have a developmental disability. The findings are:</p> <p>A. Cross reference: 10A NCAC 27G .0201(a) (8-18)(b) Governing Body Policies (V106). Based on record review and interview, the facility failed to implement their policy on maintaining client confidentiality.</p> <p>B. Cross reference: 10A NCAC 27G .0202(a-e) PERSONNEL REQUIREMENTS (V107). Based on record review and interview, the facility failed to have personnel records affecting 3 of 4 paraprofessional staff (staff #1/great-niece, staff #2/sister-in-law, staff #3/brother).</p>	V 289		

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V 289	<p>Continued From page 38</p> <p>C. Cross reference: 10A NCAC 27G .0202(f-i) PERSONNEL REQUIREMENTS (V108). Based on record review and interview, the facility failed to assure training to meet the needs of the clients affecting 3 of 4 paraprofessional staff (staff #1/great-niece, staff #2/sister-in-law, staff #3/brother).</p> <p>D. Cross reference: 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109). Based on record review and interview, 1 of 1 Qualified Professionals (QP)/nephew failed to demonstrate knowledge and skills required by the population served.</p> <p>E. Cross reference: 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (V112). Based on record review and interview the facility failed to develop and implement goals &amp; treatment strategies for 2 of 4 clients (#2, #3).</p> <p>F. Cross reference: 10A NCAC 27G .0206 CLIENT RECORDS (V113). Based on record review and interview the facility failed to document progress towards goals for 4 of 4 clients (#1, #2, #3, #4).</p> <p>G. Cross reference: G.S. 131 E-256(d2) HEALTH CARE PERSONNEL REGISTRY - PRIOR EMPLOYMENT VERIFICATION (V131). Based on record review and interview, the facility failed to access the health care personnel registry (HCPR) affecting 3 of 4 paraprofessionals (staff #1/great-niece, staff #2/sister-in-law, staff #3/brother).</p>	V 289		

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V 289	<p>Continued From page 39</p> <p>H. Cross reference: G.S. 122C-80 CRIMINAL HISTORY RECORD CHECK (V133). Based on record review and interview, the facility failed to request criminal history record check affecting 3 of 4 paraprofessionals (staff #1/great-niece, staff #2/sister-in-law, staff #3/brother).</p> <p>I. Cross reference: 10A NCAC 27G .5602 SUPERVISED LIVING STAFF (V290). Based on record review and interview, the facility failed to ensure the minimum number of staff were available to respond to the client needs affecting 4 of 4 clients (#1, #2, #3, #4) and failed to assess a client's capability of having unsupervised time in the community affecting 1 of 4 clients (#1).</p> <p>J. Cross reference: 10A NCAC 27F .0103 CLIENT RIGHTS - HEALTH, HYGIENE AND GROOMING (V540). Based on record review, interview, and observation, the facility failed to ensure clients have the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care affecting 1 of 4 clients (#2).</p> <p>Observation on 3/31/23 at 11:00am - 12:15pm revealed:</p> <ul style="list-style-type: none"> <li>- client #1 &amp; client #4 opened the garage door when the doorbell was rang</li> <li>- the Licensee was sitting in a chair in her bedroom upon arrival</li> <li>- the Licensee's cane was sitting in front of her</li> <li>- difficulty in the Licensee maneuvering throughout the group home without asking for assistance from the clients</li> <li>- the Licensee was walking very slowly throughout the facility</li> <li>- the Licensee walked very slowly up the stairs and held on to the railing</li> </ul>	V 289		



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V 289	<p>Continued From page 40</p> <ul style="list-style-type: none"> <li>- client #1 provided a tour of the upstairs while the Licensee was trying to get up the stairs</li> <li>- once upstairs, the Licensee sat in a chair in the clients' room</li> <li>- when going downstairs, the Licensee stated that she needed to rest and for everyone to go ahead downstairs and she would be down</li> <li>- client #1, #3, &amp; #4 were telling the Licensee "come on...you can do it" while helping her down the stairs</li> </ul> <p>Observation on 4/13/23 at 2:20pm revealed:</p> <ul style="list-style-type: none"> <li>- client #4 opened the garage when the doorbell rang</li> <li>- the Licensee was standing in the kitchen holding on to the chair</li> <li>- walked around the table holding on to each chair until she got to her seat</li> </ul> <p>Interview on 4/12/23 staff #1/great-niece reported:</p> <ul style="list-style-type: none"> <li>- the Licensee had a "golden heart" and wanted to do all she could but she was "concerned about her mobility"</li> <li>- before the Licensee's medications were "straightened out", she was falling at night but hadn't fallen since her medications were adjusted</li> <li>- the Licensee is "sharp as a tack" but not "physically sharp" anymore</li> </ul> <p>Interview on 4/12/23 staff #2/sister-in-law reported:</p> <ul style="list-style-type: none"> <li>- she didn't think that the Licensee could continue to "take care of the boys" (clients)</li> <li>- she tried calling the local Department of Social Services to get the "boys replaced" but it didn't happen</li> <li>- "we don't know where to turn or how to get the boys placed"</li> <li>- "[the Licensee] is a slow-moving kind of</li> </ul>	V 289		

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V 289	<p>Continued From page 41</p> <p>person but it has really gotten bad in the last year"</p> <ul style="list-style-type: none"> <li>- the Licensee had a history of falling due to her medication but that was "under control"</li> <li>- EMS (Emergency Medical Service) was out to the facility 2-3 times a week for the Licensee falling due to her medication</li> <li>- the doctors were able to get her medications "under control" (EMS would come in to get her up off the floor)</li> <li>- EMS had not been called out in March 2023 or April 2023</li> <li>- they were called out several times in January 2023 and some in February 2023</li> <li>- The Licensee's medication was adjusted and there have been no other issues since February 2023</li> </ul> <p>Interview on 4/12/23 &amp; 4/14/23 the QP/nephew reported:</p> <ul style="list-style-type: none"> <li>- the Licensee needed to "retire" but the Licensee was "not having that"</li> <li>- didn't know how to go about closing the facility and didn't know the steps</li> <li>- had not been successful in getting any guidance from the LME/MCO (Local Management Entity/Managed Care Organization) in closing the facility</li> <li>- "I'm going to be completely honest with you and in my opinion [the Licensee] is not capable of doing CPR"(cardiopulmonary resuscitation)</li> <li>- didn't disagree with the concerns that had been brought up</li> <li>- "end goal" was to close down the facility as "amicably" as possible, find good placements for the clients and to assist the Licensee with her health needs</li> </ul> <p>Interview on 5/12/23 with the primary doctor reported:</p>	V 289		

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V 289	<p>Continued From page 42</p> <ul style="list-style-type: none"> <li>- had been associated with the facility since 1995</li> <li>- he was the doctor for the Licensee and the clients</li> <li>- the Licensee had "failing health" and he told her that she needed a "plan B" for years</li> <li>- although she had family support, he didn't think that it was "adequate or safe" for the clients because the support was not day to day and consistent</li> <li>- "she (the Licensee) doesn't have a plan of succession if something happened to her"</li> <li>- the Licensee gets "short winded" when she walks</li> <li>- the Licensee arrived to his office in a wheelchair</li> <li>- he had concerns with the Licensee not having enough assistance day to day to help take care of the clients with her failing health</li> <li>- "I think personally she needs to give it up (caring for the clients) and retire"</li> <li>- "She relies on [client #1] a lot"</li> <li>- the Licensee had another appointment coming up in July and he would speak with her again about retiring</li> </ul> <p>Review on 4/13/23 of the 1st Plan of Protection (POP) dated 4/13/23 written by the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- "What immediate action will the facility take to ensure the safety of the consumers in your care? [The Licensee and the QP/nephew] are going to attempt to get trained staff in place for further support of consumers as needed. Describe your plans to make sure the above happens. Qualified staff will be put into place on a regular basis to help [the Licensee] facilitate care and support for consumers. This will be monitored by [the Licensee and the QP/nephew] to ensure appropriate and required staff is available."</li> </ul>	V 289		

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V 289	<p>Continued From page 43</p> <p>Review on 4/13/23 of the 2nd POP dated 4/13/23 written by the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- "What immediate action will the facility take to ensure the safety of the consumers in your care? [The Licensee and the QP/nephew] are going to have support staff put into place effective immediately for further care and support of consumers. Family will start taking rotations to meet this requirement until a long term solution is put into place. Describe your plans to make sure the above happens. Qualified staff will be put into place on a regular basis to help [the Licensee] facilitate care and support for consumers. This will be monitored by [the Licensee and the QP/nephew] to ensure appropriate and required staff is available."</li> </ul> <p>Review on 4/26/23 of the 3rd POP dated 4/26/23 written by the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- "What immediate action will the facility take to ensure the safety of the consumers in your care? [The Licensee and the QP/nephew] are going to have support staff put into place effective immediately for further care and support of consumers. Family will start taking rotations to meet this requirement until a long term solution is put into place. Staff is going to put a plan in place to address staff training update, treatment plan update and progress notes, fire drill log update and address food storage to be in compliance. Other deficiencies including confidentiality and med (medication) reviews and minimum staffing will be corrected as requested. Describe your plans to make sure the above happens. Qualified staff will be put into place on a regular basis to help [the Licensee] facilitate care and support for consumers. This will be monitored by [the Licensee and the QP/nephew] to ensure appropriate and required staff is available."</li> </ul>	V 289		

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V 289	<p>Continued From page 44</p> <p>QP/nephew will ensure forms are created and used to comply with required documents to make sure all deficiencies are brought into compliance."</p> <p>The QP/nephew and Licensee failed to provide residential treatment services for client #1 - #4 who all had a diagnosis of Mental Retardation (Intellectual Developmental Disability) and a client that had a urinary catheter and suffered from blindness. The Licensee resided in the home with the clients and had done so for 30+ years. The staff who had not been formerly trained to care for the clients were transporting, attending doctor's appointments and assisting with hygiene needs for the clients. The Licensee walked with a cane and had trouble getting up and down the stairs where the clients' slept and bathed. The Licensee relied on client #1 to help care for client #2 as well as help the Licensee with what she was unable to do such as: going up the stairs to assist clients with getting dressed and getting the clients out of the facility when there was a fire drill. The Licensee's family members that included staff #1/great-niece, staff#2/sister-in-law, and staff #3/brother came to the group home, at least weekly, to assist with caring for the clients. The Licensee's family members took turns staying with the clients at the facility when the Licensee became ill and had to be hospitalized. The QP/nephew visited the group home weekly, only on the weekends, to take care of the paperwork. He was responsible for treatment plans and had not updated the goals and strategies in client #2 and #3's plans to address new medical needs and behaviors. There were no progress notes showing the clients' working on their goals and the outcomes. None of the clients had been assessed for unsupervised time but client #1 went into the grocery store to shop for</p>	V 289		

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V 289	Continued From page 45  the Licensee while the Licensee waited with the other clients' in the car. The clients' primary doctor who was also the Licensee's doctor had concerns about the Licensee caring for the clients due to her failing health, and had discussed retirement with the Licensee due to concerns that the Licensee was unable to care for the clients on her own. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 289		
V 290	27G .5602 Supervised Living - Staff  10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor	V 290		

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V 290	<p>Continued From page 46</p> <p>clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the minimum number of staff were available to respond to the client needs affecting 4 of 4 clients (#1, #2, #3, #4) and failed to assess a client's capability of having unsupervised time in the community affecting 1 of 4 clients (#1). The findings are:</p> <p>Review on 3/31/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 1/1/85</li> <li>- Diagnoses: Mental Retardation, Diabetes, Bladder Outlet Obstruction, Benign Essential</li> </ul>	V 290		

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V 290	<p>Continued From page 47</p> <p>Tremor, and Hyperlipidemia</p> <ul style="list-style-type: none"> <li>- No documentation of an assessment for unsupervised time</li> </ul> <p>Review on 3/31/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 1/1/85</li> <li>- Diagnoses: Mental Retardation, Total Blindness, Seizure Disorder, Hyperlipidemia, Prostration, Chronic Dermatitis, and Hematuria</li> </ul> <p>Review on 3/31/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 9/14/00</li> <li>- Diagnoses: Hypothyroidism, Hyperlipidemia, Mental Retardation, Down's Syndrome, Pulmonary Hypertension, Tricuspid, Diabetes, Bell's Palsy, and Sleep Apnea</li> </ul> <p>Review on 3/31/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 6/7/98</li> <li>- Diagnoses: Mental Retardation, Down's Syndrome, Achalasia of Cardia, Anemia, Reflux Esophagitis, Vitamin B &amp; Vitamin D Deficiency, Legionnaires Disease, and Obesity</li> </ul> <p>A. Example of minimum staffing</p> <p>Interview on 3/31/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- Client #2 previously had surgery and staff #3/brother picked him up from the hospital after surgery</li> <li>- Staff #2/sister-in-law had stayed with the clients if she had to be hospitalized but "that's been awhile"</li> <li>- Staff #2/sister-in-law was "really good with the guys" (clients)</li> </ul> <p>Interview on 4/12/23 staff #2/sister-in-law reported:</p> <ul style="list-style-type: none"> <li>- The family made sure that the Licensee and the "boys" (clients) were "always covered"</li> </ul>	V 290		



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V 290	<p>Continued From page 48</p> <p>(supervised)</p> <ul style="list-style-type: none"> <li>- If there was a doctor's appointment, she would go to the doctor's appointment with the Licensee and staff #3/brother would stay back with the "boys"</li> <li>- When the Licensee was in the hospital, she and staff #3/brother took turns staying "24/7 with the boys"</li> <li>- The last hospitalization for the Licensee was in January 2023 and it was for 3 days and 2 nights</li> </ul> <p>B. Example of unsupervised time in the community</p> <p>Interview on 4/12/23 staff #2/sister-in-law reported:</p> <ul style="list-style-type: none"> <li>- The Licensee would drive to the grocery store and send client #1 in with a list of items to purchase</li> <li>- The employees at the store knows them (the Licensee and the clients) and would help client #1 with the groceries</li> <li>- "It's like a little community helping out"</li> </ul> <p>Interview on 4/13/23 Client #1 reported:</p> <ul style="list-style-type: none"> <li>- He went to the store to buy things</li> <li>- The Licensee stayed in the car</li> <li>- He liked going into the store to shop</li> </ul> <p>Interview on 4/13/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- None of the clients had unsupervised time</li> <li>- She usually told client #1 what they needed at the grocery store and he would go in the store to get the items</li> <li>- She would check the items when he came back to the car and if he forgot something, she would send him back in the store to get it</li> <li>- Everyone who worked at the grocery store was really helpful and when they pulled up to the</li> </ul>	V 290		

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V 290	Continued From page 49  grocery store, staff from the store would run out to speak to them (the Licensee and the clients)  This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living - Scope (V289) for a Type B rule violation and must be corrected within 45 days.	V 290		
V 513	27E .0101 Client Rights - Least Restrictive Alternative  10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use.	V 513		

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V 513	<p>Continued From page 50</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to use the least restrictive and most appropriate settings and method. The findings are:</p> <p>Review on 3/31/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 9/14/00</li> <li>- Diagnoses: Hypothyroidism, Hyperlipidemia, Mental Retardation, Down's Syndrome, Pulmonary Hypertension, Tricuspid, Diabetes, Bell's Palsy, and Sleep Apnea</li> </ul> <p>Interview on 4/12/23 staff #1/great-niece reported:</p> <ul style="list-style-type: none"> <li>- Client #3 had taken food and snacks up to his room and "no food is allowed upstairs"</li> <li>- There were locks on the refrigerator and cabinets because client #3 would get up in the middle of the night and try and "eat everything"</li> </ul> <p>Interview on 4/12/23 staff #2/sister-in-law reported:</p> <ul style="list-style-type: none"> <li>- They had restricted the food from client #3 and put locks on the closets and refrigerator at night</li> <li>- Client #3 would eat a whole pack of sandwich meat, eat out of a bowl that had cold soup in it or eat a whole bag of potato chips</li> </ul> <p>Interview on 4/12/23 the Qualified Professional/nephew reported:</p> <ul style="list-style-type: none"> <li>- They had to put locks on the cabinets to stop client #3 from "stealing food" in the middle of the night</li> <li>- Client #3 "steals" lunch meat and junk food</li> <li>- They lock up the food shortly after dinner, around 9pm, and unlock it around 8-8:30am</li> <li>- "This was a decision made by [the Licensee], other people in the family (staff #1/great niece,</li> </ul>	V 513		

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V 513	Continued From page 51  staff #2/sister-in-law, staff #3/brother) and myself" - The team was the family, the Licensee and himself - He would speak with the team to try and come up with other ways to work with client #3's behavior with food - He would no longer lock the cabinets and the refrigerator - Client #3 was another reason that cameras were installed in the common areas and kitchen	V 513		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.  10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.	V 536		

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V 536	<p>Continued From page 52</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p>	V 536		

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V 536	<p>Continued From page 53</p> <p>(B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once</p>	V 536		

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NAME OF PROVIDER OR SUPPLIER  <b>EDWARDS RESIDENTIAL CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1862 OLD WILSON ROAD ROCKY MOUNT, NC 27802</b>
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V 536	<p>Continued From page 54</p> <p>annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 4 paraprofessionals (staff #1/great-niece, staff #2/sister-in-law, staff #3/brother) were trained in alternatives to restrictive intervention and 2 of 5 staff (the Licensee and the Qualified Professional (QP)/nephew) failed to have an annual refresher</p>	V 536		

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V 536	<p>Continued From page 55</p> <p>training. The findings are:</p> <p>Review on 3/31/23 of the Licensee's record revealed:</p> <ul style="list-style-type: none"> <li>- Been employed since 1/1/85</li> <li>- NCI + (National Crisis Intervention Plus) alternatives to restrictive intervention expired 7/15/21</li> <li>- No current alternatives to restrictive intervention training in the record</li> </ul> <p>Review on 3/31/23 of the QP/nephew's record revealed:</p> <ul style="list-style-type: none"> <li>- Been employed since 10/18/06</li> <li>- No current alternatives to restrictive intervention training in the record</li> </ul> <p>Review on 3/31/23 of the facility's record revealed:</p> <ul style="list-style-type: none"> <li>- No evidence of alternatives to restrictive intervention training for staff #1/great-niece, staff #2/sister-in-law, staff #3/brother</li> </ul> <p>Interview on 4/14//23 &amp; 4/17/23 the QP/nephew reported:</p> <ul style="list-style-type: none"> <li>- He "believed" that he and the Licensee were updated on their trainings</li> <li>- He thought the 2022 documented trainings on alternatives to restrictive intervention had been misplaced</li> <li>- He had been trained in NCI</li> <li>- "Also, our training is coming up for 2023 in June"</li> <li>- He would reach out to the trainer to schedule the training "asap (as soon as possible)"</li> </ul> <p>Interview on 5/8/23 the QP/nephew reported:</p> <ul style="list-style-type: none"> <li>- The family had not been trained</li> <li>- Working with the trainer to get everyone scheduled at once for the trainings</li> </ul>	V 536		



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V 540	<p>27F .0103 Client Rights - Health, Hygiene And Grooming</p> <p>10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING</p> <p>(a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:</p> <p>(1) opportunity for a shower or tub bath daily, or more often as needed;</p> <p>(2) opportunity to shave at least daily;</p> <p>(3) opportunity to obtain the services of a barber or a beautician; and</p> <p>(4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil.</p> <p>(b) Bathtubs or showers and toilets which ensure individual privacy shall be available.</p> <p>(c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.</p> <p>This Rule is not met as evidenced by: Based on record review, interview, and observation, the facility failed to ensure clients have the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care affecting 1 of 4 clients (#2). The findings are:</p> <p>Review on 3/31/23 of client #2's record revealed:</p>	V 540		

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V 540	<p>Continued From page 57</p> <ul style="list-style-type: none"> <li>- Admitted: 1/1/85</li> <li>- Diagnoses: Mental Retardation, Total Blindness, Seizure Disorder, Hyperlipidemia, Prostration, Chronic Dermatitis, and Hematuria</li> </ul> <p>Review on 4/13/23 of the facility's Consumer Rights policy revealed:</p> <ul style="list-style-type: none"> <li>- "Upon admission, every consumer and his legal guardian will be informed that they have the following rights: a. To be treated with respect, consideration, dignity, and full recognition of his individuality and right to privacy...</li> </ul> <p>Observation on 3/31/23 at 1:00pm revealed:</p> <ul style="list-style-type: none"> <li>- Client #1 and client #2 were sitting at the kitchen table</li> <li>- Client #1 took client #2 by the arm and guided him upstairs to use the bathroom</li> <li>- The Licensee was overheard asking client #1 where he was going and client #1 said "I'm taking [client #2] upstairs to the bathroom"</li> </ul> <p>Interview on 4/13/23 client #1 reported:</p> <ul style="list-style-type: none"> <li>- When he gave client #2 a bath, "I put the soap on the rag and wash him really good"</li> <li>- He put client #2's "clothes on him"</li> <li>- He shaved client #2 but client #2 brushed his own teeth</li> </ul> <p>Interview on 4/12/23 staff #2/sister-in-law reported:</p> <ul style="list-style-type: none"> <li>- Client #1 gave client #2 a bath</li> <li>- Client #1 took client #2 to the bathroom, picked out his clothes and shaved him</li> </ul> <p>Interview on 4/13/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- "[Client #1] helped [client #2] to the bathroom, finding the toilet, helps him take his pants down and make sure he doesn't need a new undergarment or if he needs a new one"</li> </ul>	V 540		

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V 540	<p>Continued From page 58</p> <ul style="list-style-type: none"> <li>- Client #1 would change client #2's undergarment if a new one was needed</li> <li>- "[Client #1] runs the water, help [client #2] get situated in the tub or shower, make sure that [client #2] doesn't miss anywhere (areas on his body) and if he does, he will help him with the missing spots (areas), he helps dry him off, and then [client #1] helps him put his clothes on him"</li> <li>- Client #1 took client #2 to the bathroom upstairs when they were sitting downstairs</li> <li>- Client #1 had been doing that a long time and she didn't remember when it started "maybe several years"</li> <li>- She didn't remember anybody asking client #1 to do it, he just started doing it, just "gravitated" towards it</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living - Scope (V289) for a Type B rule violation and must be corrected within 45 days.</p>	V 540		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean, and</p>	V 736		

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V 736	<p>Continued From page 59</p> <p>attractive manner and free from offensive odor. The findings are:</p> <p>Observation on 3/31/23 at approximately 12:00pm revealed the following:</p> <ul style="list-style-type: none"> <li>- area smelled of soiled cat litter in the back porch entryway leading into the kitchen</li> <li>- cat litter box was in the bathtub in the downstairs bathroom off the kitchen</li> <li>- cat litter box was upstairs in client #3's bathtub that smelled of soiled cat litter</li> </ul> <p>Interview on 4/12/23 staff #1/great-niece reported:</p> <ul style="list-style-type: none"> <li>- the Licensee had 2 cats</li> <li>- the Qualified Professional (QP)/nephew should have the updated vaccination records for the cats</li> <li>- she worked with client #1 on a routine on how and when to clean the cat litter</li> </ul> <p>Interview on 3/31/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- she had 2 cats</li> <li>- they were "probably somewhere hiding"</li> <li>- "the cats are up to date on their shots"</li> <li>- she had the paperwork "somewhere"</li> <li>- client #1 cleaned their litter boxes</li> </ul> <p>Interview on 4/14/23 the QP/nephew reported:</p> <ul style="list-style-type: none"> <li>- "I know that the cats have had their shots because I took them myself last year"</li> <li>- he had to call the veterinarian for the records for the cats because he couldn't find the ones from last year</li> </ul> <p>Review on 4/18/23 of the veterinarian records for both cats revealed:</p> <ul style="list-style-type: none"> <li>- one cat was overdue for vaccinations</li> </ul> <p>This deficiency constitutes a re-cited deficiency</p>	V 736		

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V 736	Continued From page 60 and must be corrected within 30 days.	V 736		