

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-576</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/01/2023</b>
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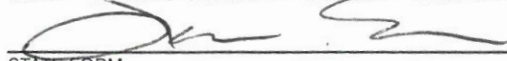
NAME OF PROVIDER OR SUPPLIER  <b>ERVIN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1400 SPRINGTREE COURT HIGH POINT, NC 27265</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on June 1, 2023. The complaint (Intake #NC00201701) was unsubstantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 4 current clients.</p>	V 000		
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 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>	V 112		

DHSR - Mental Health  
JUN 20 2023  
Lic. & Cert. Section

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Director of Quality Management 6/4/23

(X6) DATE

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V 112	Continued From page 1  This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to implement a strategy in a client's (Client #3) treatment plan. The findings are:  Review on 5/31/23 of Client #3's treatment plan revealed: -An admission dated of 1/20/85 -Diagnoses of Mild Mental Retardation, Anxiety Disorder, Dermatitis, Seborrhic Dermatitis, Psoriasis, Sleep Apnea, Osteopenia and Barrettes Esophagus Disease (a condition in which the flat pink lining of the swallowing tube that connects the mouth to the stomach (esophagus) becomes damaged by acid reflux, which causes the lining to thicken and become red) -A treatment plan dated 6/7/22 noted that staff were to monitor Client #3 while he ate to ensure that he does not eat crumbs or food off the table or floor.  Observation on 6/1/23 at 11:58 am revealed: -Clients #2, #3 and #4 gathered their lunch items in the kitchen -Client #3 sat the dining table with Clients #2 and #4 and ate their lunch with no staff present.  Interview on 5/30/23 with Client #3 revealed:	V 112	<i>QP and Home Manager will review Client #3's service plan with staff. Ensuring staff understand the importance of monitoring Client #3 while he is preparing and eating his meals. Home Manager will review Physician notes with staff so that they have</i>	7/7/23

Division of Health Service Regulation

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V 112	Continued From page 2 -He indicated he had no issues with food.  Interview on 5/30/23 with Staff #1 revealed: -Client #3 had Mild Mental Retardation, GERD (Gastroesophageal Reflux Disease), "esophageal whatever it is," and dermatitis -Client #3 was obsessive with eating food and "certain things he will eat, he may need reminders."	V 112	A better understanding of Client #3's health condition (BED) and how best to support him.  Home Manager will review Staff schedule to ensure Staff are present and able to supervise Client #3 during meal times.	
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or	V 118		

Division of Health Service Regulation

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V 118	Continued From page 3  checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.  This Rule is not met as evidenced by: Based on observation and interviews, a staff (Staff #1) failed to immediately record a client's medication after administration. The findings are:  Observation on 5/30/23 between 12:53-12:54 revealed: -At 12:53 pm, Staff #1 came into the office, unlocked the medication closet, placed medication in a white-colored paper cup, left the office and administered a client his medication -Staff #1 returned at 12:54 pm with the white paper cup, pulled the Medication Administration Book from the medication closet and stated, "Let me sign for them (the medication)."  Interview on 5/30/23 with Client #4 revealed: -He took Gabapentin every day before 1:00 pm to prevent seizures -Staff gave him his medications  Interview on 6/1/23 with Staff #1 revealed: -" ...usually, all the clients come into the room outside the staff's office. They will sit in the common area. I will have one client come and sit at the desk where the table is. I sit inside the medication closet on a chair with wheels. I ask the other clients not to conversate because it can get me distracted. 2 of the clients can self-administer their own medications. I will sit in	V 118	Home Manager and GP will review Medication Admin Requirements and Standards with all staff. Ensuring they understand the Medication Closet must be locked at all times. The importance of documenting when medication was administered in a timely manner. Home Manager and GP will periodically check	7/7/23

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V 118	Continued From page 4  the chair, punch out the medications, put them in a white cup. We have lots of cups and I will dispose of them every other day or so. The cups are kept in the clients' trays. I will watch them swallow their pills and then I document the meds as given. With the topical creams, [client #3] has those. We will close the door for privacy while we put the cream on ..."	V 118	<p>MAR to see that Meds are being signed off on and that the Med Closet is being locked when Meds are not being administered.</p> <p>- Periodic checks / Pop-ins by Home Manager and QP will be ongoing.</p>	
V 120	27G .0209 (E) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.  This Rule is not met as evidenced by: Based on observations and interviews, facility	V 120		

Division of Health Service Regulation

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V 120	<p>Continued From page 5</p> <p>staff (Staff #1 and #2) failed to ensure all medications were in a securely locked cabinet. The finding are:</p> <p>Observation on 5/30/23 of Staff #1 between 12:53-12:54 revealed: - At 12:53 pm, Staff #1 came into the office, unlocked the medication closet, placed medication in a white-colored paper cup, left the office with the medication closet door unlocked until she returned at 12:54 pm to record Client #4's medication administration on his MAR.</p> <p>Observation on 5/31/23 of Staff #3 at approximately 2:45 pm revealed: -Staff #3 walked out of the office where the medication cabinet was located and into the kitchen -The medication cabinet door was unlocked.</p> <p>Interview on 5/31/23 with Staff #3 revealed: -She was aware the medication cabinet was to be kept locked when medications were not being administered -She had "just stepped away" to show Surveyor #1 the restroom.</p> <p>Interview on 6/1/23 with Staff #1 revealed: -The medication closet was to remain locked at all times when no one is being administered medications.</p>	V 120		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a</p>	V 131		

Division of Health Service Regulation

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V 131	<p>Continued From page 6</p> <p>health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to the hire date for 1 of 5 audited staff (the Qualified Professional (QP)). The findings are:</p> <p>Review on 5/31/23 of the QP's record revealed: -A hire date of 4/10/23 -A job description of QP -The HCPR was accessed on 5/31/23</p> <p>Interview on 6/1/23 with the QP revealed: -The Human Resources Director (HRD) was responsible for the HCPR checks for all staff, prior to hire -HR was responsible for the background checks before the conditional offer was made. -"I will get with HRD to go over that ..."</p>	V 131	<p>Health Care Personnel Registry Check requirements and Criminal History Record check requirements were reviewed with Director of Human Resources</p> <p>UMAR will now be completing Health Care Personnel Registry and prior to hire date and</p>	10/14/23
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</p>	V 133		

Division of Health Service Regulation

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V 133	<p>Continued From page 7</p> <p>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 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</p>	V 133	<p>Criminal History Record within 5 Days of Making the conditional offer of employment</p>	
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V 133	<p>Continued From page 8</p> <p>information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this 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> </ol>	V 133		
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V 133	<p>Continued From page 9</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers;</p>	V 133		
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V 133	<p>Continued From page 10</p> <p>Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; 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</p>	V 133		
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V 133	<p>Continued From page 11</p> <p>check regarding the applicant if both of the following requirements are met:                      (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.                      (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by:                      Based on record reviews and interviews, the facility failed to request a criminal history background check within 5 days of making the conditional offer of employment for 1 of 5 audited staff (the Qualified Professional (QP)). The findings are:</p> <p>Review on 5/31/23 of the QP's record revealed:                      -A hire date of 4/10/23                      -A job description of QP                      -A criminal history background check was completed on 5/31/23</p> <p>Interview on 6/1/23 with the QP revealed:                      -The Human Resources Director (HRD) was responsible for all the background checks on staff before the conditional offer was made.                      -"I will get with HRD to go over that ..."</p>	V 133		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-576</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/01/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ERVIN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1400 SPRINGTREE COURT HIGH POINT, NC 27265</b>
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V 290	Continued From page 12	V 290		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(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.</p> <p>(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.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor 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</p>	V 290		

Division of Health Service Regulation

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V 290	<p>Continued From page 13</p> <p>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 reviews, observations and interviews, the facility failed to ensure clients (Clients #2, #3, #4 and #6) were capable of unsupervised time in the facility for specified periods of time. The findings are:</p> <p>Review on 5/31/23 of Client #2's record revealed:          -An admission date of 6/5/10          -Diagnoses of Mild Intellectual Disability, Complete hearing loss in right ear, Asthma, and a history of bowel infections (from January 2019-March 2019, he was hospitalized several times with stomach pain, vomiting, nausea, and diarrhea)          -He was last assessed on 8/11/20 by a Qualified Professional/Residential Coordinator for unsupervised time in the facility "as long as hygiene and food are ready ahead of time."          -No updated assessment for unsupervised time in the facility since his 8/11/20 assessment          -No findings were found in his treatment plan for unsupervised time in the home and/or community.</p> <p>Review on of Client #3's record revealed:          -An admission date of 1/20/85          -Diagnoses of Mild Mental Retardation, Anxiety</p>	V 290	<p>QP and Home Manager have completed Unsupervised time alone in the Home 7/7/23 and Community assessments with Client #2, #3, #4 and #6. Home Manager is working to get consents signed for the residents who are able to have unsupervised time.</p>	
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Division of Health Service Regulation

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V 290	<p>Continued From page 14</p> <p>Disorder, Dermatitis, Seborrheic Dermatitis, Psoriasis, Sleep Apnea, Osteopenia and Barrettes Esophagus Disease.</p> <p>-No assessment he was capable for unsupervised time in the home and/or community</p> <p>-No findings were found in his treatment plan dated 6/7/22 for unsupervised time in the home and/or community.</p> <p>Review on 5/31/23 of Client #4's record revealed:</p> <p>-An admission date of 2/1/23</p> <p>-Diagnoses of Mild Intellectual Developmental Disability, Anxiety, and Adjustment Disorder with depressed mood</p> <p>-No assessment he was capable for unsupervised time in the home and/or community</p> <p>-No findings were found in his treatment plan dated 2/1/23 for unsupervised time in the home and/or community.</p> <p>Review on 6/1/23 of Client #6's record revealed:</p> <p>-An admission date of 10/15/90</p> <p>-Diagnoses of Severe Range Mental Retardation, Autistic Disorder, Hypertension, GERD, Hyperlipidemia, and a history of Colon Polyps</p> <p>-No assessment he was capable for unsupervised time in the home and/or community</p> <p>-An updated treatment plan dated 5/31/23 with no findings he was capable to have unsupervised time in the home and/or community.</p> <p>Observations on 5/30/23 at 11:30 am and 5/31/23 at 9:06 am of the facility revealed:</p> <p>-Four clients (#2, #3, #4 and #6) were present at the facility</p> <p>-No staff were present at the facility.</p> <p>-A client (later identified as Client #2) slightly opened the back door to surveyor #1's knock on the door.</p> <p>-Approximately 1 minute later, another client (later identified as Client #4) slightly opened the</p>	V 290		

Division of Health Service Regulation

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V 290	<p>Continued From page 15</p> <p>back door.</p> <p>Observation on 5/30/23 at 12:00 noon revealed: -The House Manager arrived at the facility.</p> <p>Observations on 5/31/23 from 9:03 am to 9:05 am revealed: -Staff #1 was in her car at top of the driveway at 9:03 am, she drove her car down the driveway and drove around the cul-de-sac, parked her car at the end of the facility driveway for approximately 1 minute and left the facility.</p> <p>Interviews on 5/30/23 with Client #2 and Client #4 between 11:30-11:38 am revealed: -Client #2 identified himself to surveyor #1 and stated no staff was there and staff would return at 12:00 (noon) -Approximately 1 minute later, Client #4 identified himself and stated they (the clients) were not allowed to give out [Staff #1]'s phone number and [Staff #1] left of the mornings and returned back (to the facility) at 12:30 (pm). -Client #4 provided surveyors with the House Manager's telephone number to call.</p> <p>Interviews on 5/30/23 with Clients #2, #3 and #4 revealed: -Staff left the home around 9:00 am in the mornings after Client #1 left the home for work and Client #5 left the home for his day program and staff returned around 12:30 in the afternoons -These clients were left unsupervised by staff at least 3-4 hours during the weekdays -They were told by staff (Staff #1, Staff #3, and the House Manager) to keep the doors locked and not to open the doors when they were alone at the home -Client #4 was unable to remember the facility's phone number and was uncertain about the</p>	V 290		



Division of Health Service Regulation

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V 290	<p>Continued From page 16</p> <p>facility's address. He stated, "It takes me a little longer to remember ...Give me a couple of minutes and I will tell you."</p> <p>Interview on 5/30/23 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-She was live-in staff and worked 7 days on and 7 days off</li> <li>-She clocked into work at 5:30 am as one of the clients (Client #3) had a 6:00 am pill to be taken before he ate breakfast</li> <li>-She clocked out of work around 8:30 am and went home for a few hours</li> <li>-She clocked back into work around 12:30 as Client #4 had his Gabapentin pill to be taken before 1:00 pm</li> <li>-All the clients except for Client #5 were allowed unsupervised time at the home</li> </ul> <p>Interview on 5/31/23 with Staff # 3 revealed:</p> <ul style="list-style-type: none"> <li>-She was live-in staff and worked 7 days on and 7 days off</li> <li>-She rotated shifts with Staff #1</li> <li>-She clocked out of work at 9:30 am or 10:00 am and clocked back in around 12:30 or 1:00 pm</li> <li>-All the clients except for Client #5 were allowed unsupervised time at the home.</li> </ul> <p>Interview on 6/1/23 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> <li>-She had been in the QP position for approximately 1 month</li> <li>-"Unsupervised time for the clients came from the assessments of the Care Coordinators, their family, and the Group Home Managers. The Care Coordinators assess the clients and depending on their level of functioning and what they can and cannot do. I noticed when I started this facility had quite a few clients with unsupervised time. I usually just see 1 or 2 clients with unsupervised time. I have talked with staff, and we will be</li> </ul>	V 290		
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Division of Health Service Regulation

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V 290	Continued From page 17  getting them calendars so they can plan out their day with activities. I will be pushing for the clients to have more activities in the community." -"I am in the process of going over to the facility, sitting down and see why they should or should not have unsupervised time by assessing them. We took Client #4's unsupervised time away yesterday. I don't understand how some of the clients can have unsupervised time."	V 290		



June 14, 2023

NC Department of Health and Human Services  
Attention: [REDACTED]  
Mental Health Licensure & Certification Section

Dear [REDACTED]

Included is the Plan of Correction in response to the deficiencies identified during the annual, complaint, follow-up survey completed on June 1, 2023 at our Ervin Group Home. Please review the Plan of Correction at your convenience and let me know if you have any question.

Best,

Sara Emser  
Director of Quality Management and Compliance

