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THE VAUGHN-FAMILY HOME 1	105 NEIL STREET GOLDSBORO, NC 27530

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow up survey was completed on June 21, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Mental Illness. This facility is licensed for 5 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.	V 108		

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V 108	Continued From page 1 (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record reviews, observation and interview, the facility failed to provide MH/DD/SA client specific trainings and to ensure first aid (FA) training for two of three audited staff (#3 and Licensee). The findings are: Finding #1: Review on 06/21/23 of staff #3's personnel record revealed: - Direct Care Staff - An undated employment application indicated staff #3 was available to begin work on 07/15/20. - No documentation staff #3 was provided MH/DD/SA client specific trainings. Finding #2: Review on 06/21/23 of the Licensee's record revealed: - Direct care Staff/Licensee - Date of hire: 1/16/08. - No documentation of current FA training. Observation on 06/20/23 at approximately 11:30am revealed the Licensee was the only staff present at the facility with client #1, client #2 and client #3. Interview on 06/21/23 the Licensee stated:	V 108		

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V 108	Continued From page 2 - Staff #3 had previous training in client specifics. - The personnel files may have been thinned or purged. - He had taken FA and would contact the instructor for certification. - Staff should have current FA training and client specific training in their files.	V 108		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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V 111	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure an admission assessment was completed for one of three (#2) clients. The findings are: Review on 06/20/23 of client #2's record revealed: - 32 year old male. - Admission date of 02/09/23. - Diagnoses Schizoaffective Disorder-Bipolar Type and Borderline IQ. - No admission assessment. Interview on 06/20/23 client #2 stated: - He had lived at the facility for approximately 6 years and was discharged. - His mother had recently made him leave and he was readmitted to the facility. Interview on 06/20/23 and 06/21/23 the Licensee stated: - Client #2 was recently admitted to the facility. - He had not completed an admission assessment for client #2.	V 111		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each	V 113		

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V 113	Continued From page 4 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; (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.	V 113		

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V 113	Continued From page 5	V 113		

This Rule is not met as evidenced by:
Based on records review and interview, the facility failed to ensure records were complete for three of three audited clients (#1-#3). The findings are:

Review on 06/20/23 of client #1's record revealed:
- 34 year old male.
- Admission date of 01/05/09.
- Diagnosis of Bipolar Disorder-Severe.
- No documentation of progress towards goals.

Review on 06/20/23 of client #2's record revealed:
- 32 year old male.
- Admission date of 02/09/23.
- Diagnoses Schizoaffective Disorder-Bipolar Type and Borderline IQ.
- No documentation of progress towards goals.
- No signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician.

Review on 06/20/23 of client #3's record revealed:
- 52 year old male.
- Admission date of 08/30/19.
- Diagnosis of Schizoaffective Disorder-Bipolar Type with Paranoia.
- No documentation of progress towards goals.

Interview on 06/20/23 the Licensee stated:
- He did not have progress notes towards goals

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V 113	Continued From page 6 for the clients. - He had not obtained an emergency treatment authorization from client #2 for his most recent admission.	V 113		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	Continued From page 7	V 118		

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to administer medications as ordered and maintain a current MAR for two of three clients (#2 and #3). The findings are:

Finding #1:
Review on 06/20/23 of client #2's record revealed:
- 32 year old male.
- Admission date of 02/09/23.
- Diagnoses Schizoaffective Disorder-Bipolar Type and Borderline IQ.

Review on 06/20/23 of client #2's signed FL-2 dated 04/11/23 revealed the following medication order:
- Pantoprazole (reduces stomach acid) 40 milligrams (mg) - take once daily.

Review on 06/20/23 of client #2's June 2023 MAR revealed:
- No staff initials to indicate the Pantoprazole was administered as ordered from 06/16/23 thru 06/19/23.

Interview on 06/20/23 client #2 stated he received his medication daily as ordered.

Finding #2:
Review on 06/20/23 of client #3's record revealed:
- 52 year old male.
- Admission date of 08/30/19.
- Diagnosis of Schizoaffective Disorder-Bipolar

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V 118	Continued From page 8 Type with Paranoia. - No order to check client #3's finger stick blood sugar 3 times a week. Review on 06/20/23 of client #3's signed FL-2 dated 03/09/23 revealed: - Lipitor (Atorvastatin-treats cholesterol issues) 20mg - take once daily at bedtime. Review on 06/20/23 of client #3's April 2023 thru June 2023 MARs revealed: - Transcribed entry to test blood sugar 3 times a week. - No documentation of the blood sugar results on the MARs. - No staff initials to indicate the Lipitor was administered as ordered from 06/16/23 thru 06/19/23. Interview on 06/20/23 client #3 stated: - He had not gotten one of his medications. - Occasionally he would have to wait for a refill. Interview on 06/20/23 and 06/21/23 the Licensee stated: - He would ensure the medications were ordered from the pharmacy. - Blood sugar values for client #3 should be documented and a current order for the frequency of blood sugar checks should be documented. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS	V 123		

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V 123	Continued From page 9 (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the physician or pharmacist immediately of medication errors and documented refusals affecting two of three clients audited (#2 and #3). The findings are: Review on 06/20/23 of client #2's record revealed: - 32 year old male. - Admission date of 02/09/23. - Diagnoses Schizoaffective Disorder-Bipolar Type and Borderline IQ. - No documentation a physician or pharmacist was notified of medication errors on 06/16/23 thru 06/19/23. Review on 06/20/23 of client #2's signed FL-2 dated 04/11/23 revealed the following medication order: - Pantoprazole (reduces stomach acid) 40 milligrams (mg) - take once daily. Review on 06/20/23 of client #2's June 2023 Medication Administration Record (MAR) revealed:	V 123		

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V 123	Continued From page 10 - No staff initials to indicate the Pantoprazole was administered as ordered from 06/16/23 thru 06/19/23. Review on 06/20/23 of client #3's record revealed: - 52 year old male. - Admission date of 08/30/19. - Diagnosis of Schizoaffective Disorder-Bipolar Type with Paranoia. - No documentation a physician or pharmacist was notified of medication errors on 06/16/23 thru 06/19/23. Review on 06/20/23 of client #3's signed FL-2 dated 03/09/23 revealed: - Lipitor (Atorvastatin-treats cholesterol issues) 20mg - take once daily at bedtime. Review on 06/20/23 of client #3's April 2023 thru June 2023 MARs revealed: - No staff initials to indicate the Lipitor was administered as ordered from 06/16/23 thru 06/19/23. Interview on 06/20/23 and 06/21/23 the Licensee stated: - A physician or pharmacist should be notified of medication errors. - No documentation the medication errors or missed medications were reported as required. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 123		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum	V 290		

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V 290	Continued From page 11 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 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 (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. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (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	V 290		

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V 290	Continued From page 12 (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a clients' treatment or habilitation plan documented the client was capable of remaining in the community without supervision for specified periods of time affecting one of three clients (#2). The findings are: Review on 06/20/23 of client #2's record revealed: - 32 year old male. - Admission date of 02/09/23. - Diagnoses Schizoaffective Disorder-Bipolar Type and Borderline IQ. - Treatment plan dated 02/24/23. - No documentation client #2 could be unsupervised in the home or community for specified periods of time. Interview on 06/20/23 client #2 stated: - He was recently readmitted to the facility. - He was able to stay in the facility unsupervised. - He felt safe at the facility. Interview on 06/21/23 staff #3 stated all clients at the facility had unsupervised time. Interview on 06/20/23 and 06/21/23 the Licensee stated: - All clients had unsupervised time in the home or community. - Client #2 did not have any specified	V 290		

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V 290	Continued From page 13 unsupervised time in his treatment plan. - He would coordinate with the treatment team to add unsupervised time in client #2's treatment plan.	V 290		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall	V 366		

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V 366	Continued From page 14	V 366		

develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:
(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;
(B) gather other information needed;
(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and
(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL096-208	A. BUILDING: _____ B. WING _____	R 06/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VAUGHN-FAMILY HOME 1	105 NEIL STREET GOLDSBORO, NC 27530

(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 366	Continued From page 15 identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on records reviews and interviews, the facility failed to implement written policies governing their responses to level I incidents. The findings are: Review on 06/20/23 and 06/21/23 of facility records revealed no level I incident reports for medication errors in June 2023 for client #2 and client #3.	V 366		

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V 366	Continued From page 16 Review on 06/20/23 of client #2's record revealed: - 32 year old male. - Admission date of 02/09/23. - Diagnoses Schizoaffective Disorder-Bipolar Type and Borderline IQ. Review on 06/20/23 of client #2's June 2023 Medication Administration Record (MAR) revealed: - No staff initials to indicate the Pantoprazole was administered as ordered from 06/16/23 thru 06/19/23. Review on 06/20/23 of client #3's record revealed: - 52 year old male. - Admission date of 08/30/19. - Diagnosis of Schizoaffective Disorder-Bipolar Type with Paranoia. Review on 06/20/23 of client #3's April 2023 thru June 2023 MARs revealed: - No staff initials to indicate the Lipitor was administered as ordered from 06/16/23 thru 06/19/23. Interview on 06/20/23 and 06/21/23 the Licensee stated: - No incident reports had been created for missed medications. - Incident reports should be generated for missed medications or medication errors.	V 366		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be	V 736		

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	MHL096-208	A. BUILDING: _____ B. WING _____	R 06/21/2023

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V 736	Continued From page 17 maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interview the facility and grounds were not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 06/20/23 at approximately 9:50am thru 10:44am revealed: - A van with two flat tires was on the right side of the facility. - Children play equipment was on the right side of the facility. - The hallway bathroom had one light bulb of four that did not work. A faucet handle was broken. - The carpet in client #3's bedroom was soiled with dark stains. - Client #2's bedroom had stains on the carpet. - Client #1's bedroom had stained carpet and bits of debris on the floor. A smoke detector in emitted a chirping sound approximately every 30 seconds. The ceiling fan had one of four bulbs. The bathroom in client #1's had 2 of 4 bulbs that did not work. Interview on 06/20/23 and 06/21/23 the Licensee stated: - The smoke detector in client #1's bedroom needed a new battery. - He would address items identified at exit. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		

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