

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-855</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/15/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JOYFUL LIVING #1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1951 IRELAND DRIVE</b> <b>FAYETTEVILLE, NC 28304</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on June 15, 2023. 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 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 105	<p><b>27G .0201 (A) (1-7) 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>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p>	V 105		

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

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V 105	Continued From page 1  (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement adoption of standards that assure operational and programmatic performance meeting applicable standards of practice for the use of a Glucometer instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:</p> <p>Review on 6/13/23 client #3's record revealed: -73 year old female. -Admission date, 9/4/15. -Diagnoses included Schizoaffective Disorder, Bipolar type; Borderline Intellectual Functioning; Diabetes Mellitus Type II; Hypertension; and, Hyperlipidemia -Treatment plan dated 1/24/23 documented client #3 required her blood sugar tested daily. -No physician order for fingerstick blood sugar (FSBS) testing documented.</p> <p>Review on 6/13/23 of client #3's FSBS results from 3/1/23 - 6/13/23 revealed FSBS documented daily, but time tested was not documented.</p> <p>Refer to V291 for the range of client #3's FSBS results from 3/1/23 - 6/13/23.</p> <p>Review on 6/13/23 of the North Carolina Division of Health Service Regulation facility history for a CLIA waiver revealed no current or past CLIA waiver listed.</p> <p>Interview on 6/12/23 and 6/15/23 the Licensee stated:</p>	V 105		

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V 105	Continued From page 3  -The Licensee worked as a direct care staff from 3:30 pm - 7:30 am Monday through Thursday and performed most of the FSBS testing during the week. -Client #3 and client #5 had daily FSBS testing done by the staff. -She knew it had been a "long time" since she requested the CLIA waiver, and after checking, realized the CLIA waiver she has requested in the past was for a sister facility.	V 105		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to develop and implement goals and strategies to address needs and behaviors for 3 of 3 audited clients (#2, #3, #4) and failed to assure the treatment plans were signed annually by the legal guardian for 2 of 3 clients audited (#3, #4). The findings are:</p> <p>Finding #1: Review on 6/13/23 of client #2's record revealed: -53 year old female. -Admitted on 7/29/08. -Diagnoses included Cerebral Palsy; Moderate Intellectual Developmental Disability (IDD); Hypertension; Mixed Hyperlipidemia; Osteoporosis; and, Scoliosis. -Admission assessment dated 8/27/08 documented client #2 was her own guardian with limited contact with siblings and no contact with parents. -FL-2 dated 3/28/23 documented: -Inappropriate behaviors of verbally abusive; injurious to self, others, and property. -Semi-ambulatory, incontinent of bowel and bladder. -Functional limitations included sight, speech, and contractures.</p> <p>Review on 6/13/23 of client #2's treatment plan dated 2/13/23 revealed: -She was her own guardian.</p>	V 112		

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V 112	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-She had 2 goals that addressed:               <ul style="list-style-type: none"> <li>-Attend all doctor appointments and take medications.</li> <li>-Work on activities of daily living (ADLs) to include but not limited to daily showering, teeth brushing, combing her hair, and maintaining her room.</li> </ul> </li> <li>-There were no goals to address her inappropriate behaviors, physical limitations, or functional limitations documented on her FL2.</li> <li>-No goals or assessed needs regarding her future for making her own decisions with limited contact with her natural support systems.</li> </ul> <p>Interview and observations on 6/12/23 at 3:53 pm client #2 revealed:</p> <ul style="list-style-type: none"> <li>-She was not able to verbalize answers to open ended questions.</li> <li>-She could make verbal sounds along with non-verbal gestures when asked "yes-no" questions.</li> <li>-Using verbal sounds and gestures client #2 revealed she was treated well by staff, and had no complaints about her care.</li> </ul> <p>Finding #2: Review on 6/13/23 client #3's record revealed:</p> <ul style="list-style-type: none"> <li>-73 year old female.</li> <li>-Admission date, 9/4/15.</li> <li>-Diagnoses included Schizoaffective Disorder, Bipolar type; Borderline Intellectual Functioning; Diabetes Mellitus Type II; Hypertension; and, Hyperlipidemia.</li> <li>-Client had a legal guardian.</li> <li>-FL-2 dated 6/8/23 documented:               <ul style="list-style-type: none"> <li>-Intermittently disoriented.</li> <li>-Inappropriate behaviors: verbally abusive, injurious to self, others and property.</li> </ul> </li> </ul> <p>Review on 6/13/23 of client #3's treatment plan</p>	V 112		

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V 112	<p>Continued From page 6</p> <p>dated 1/24/23 revealed:</p> <ul style="list-style-type: none"> <li>-Treatment plan had not been signed by client #3's legal guardian.</li> <li>-Client #2 smoked 1/2 pack of cigarettes daily.</li> <li>-2 Goals: <ul style="list-style-type: none"> <li>-The Group Home would monitor blood sugar, alter her diet and encourage her to exercise to help maintain her blood glucose levels.</li> <li>-Work on ADLs including, but not limited to, shower daily; brush teeth daily, comb hair daily, and maintain her room. No staff strategies were listed to support client #3 to achieve her ADL goals.</li> <li>-No goals or strategies documented for smoking safety or cessation, inappropriate behaviors documented on her FL2, or refusal of medical care.</li> </ul> </li> </ul> <p>Interview on 6/12/23 client #3 stated:</p> <ul style="list-style-type: none"> <li>-She does not know why she was living in the facility and wanted to go home. She wanted to know why she was living in the facility.</li> <li>-She did not need medications and did not have diabetes.</li> <li>-The Licensee had taken away her "smoking privileges" a few months ago, and she wanted her cigarettes.</li> </ul> <p>Finding #3: Review on 6/13/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>-26 year old female.</li> <li>-Admission date of 2/14/18.</li> <li>-Diagnoses of Borderline Intellectual Functioning; Adjustment Disorder with mixed Anxiety and Depressed Mood; Dependent Personality Disorder.</li> <li>-FL2 dated 11/30/22 documented: <ul style="list-style-type: none"> <li>-Client #4 was disoriented intermittently.</li> <li>-Client #4 displayed inappropriate behaviors</li> </ul> </li> </ul>	V 112		

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V 112	<p>Continued From page 7</p> <p>to include injurious to self and property. -Client was her own guardian on admission. -Client #4's father became her legal guardian on 8/31/21.</p> <p>Review on 6/13/23 of client #4's treatment plan dated 2/13/23 revealed: -Treatment plan had not been signed by client #4's legal guardian. -Person Centered Profile documented "Not Working," : "I have a problem with telling the truth. I need to improve my personal hygiene." -Goals:     -Attend all medical appointments and take medications as prescribed.     -Complete all personal hygiene activities every day.     -Complete simple household chores. -No goals/strategies documented for telling the truth. -No goals/strategies documented for inappropriate behaviors documented on her FL2. -No goals/strategies documented for assisting client #4 to get a job or participate in any type of community program.</p> <p>Interview on 6/12/23 client #4 stated: -She had lived in the facility "a long time." -Her father was her guardian. -She was working with Vocational Rehabilitation and wanted to get a job.</p> <p>Interview on 6/15/23 the Qualified Professional stated: -She was responsible for treatment plans. -Prior to the pandemic she held treatment team meetings and included staff from day programs attended by clients. -One of the day programs had closed. -The facility had opted to not send clients to</p>	V 112		



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V 112	<p>Continued From page 8</p> <p>another day program attended prior to the pandemic in order prevent the clients from getting sick with the virus.</p> <ul style="list-style-type: none"> <li>-The facility had been "super careful" during the pandemic and kept the clients in the home with decreased outside activities.</li> <li>-Currently the facility was in the process of re-engaging the clients back into day programs.</li> <li>-Client #3 was not safe with a cigarette lighter; they had seen burn marks on her clothes.</li> <li>-Because of safety concerns, client #3 had lost her "privilege" of smoking "probably" sometime between February or March, 2023.</li> <li>-No explanation of why client #3 and #4 had signed their treatment plans and not their guardians.</li> </ul> <p>Interview on 6/13/23 the Licensee stated:</p> <ul style="list-style-type: none"> <li>-None of the clients currently attended a day program.</li> <li>-They had been trying to get clients back into day programs since the pandemic, but they were having delays in getting updated comprehensive clinical assessments because these service providers were "backed up."</li> <li>-Client #3 had not been smoking for "a couple of months" after some nodules were found in her lungs.</li> <li>-She agreed client #4 had the behaviors listed on her FL2 and was disoriented "sometime."</li> <li>-She agreed client #2 had the behaviors listed on her FL2; she would have tantrums and throw things.</li> <li>-She was concerned that client #2 needed a guardian and had mentioned this to the client's sisters. The client's sisters had not "taken any steps in that direction."</li> <li>-The FL 2 description of client #3 was accurate.</li> <li>-Client #3 would refuse care, had refused dental care, and the physician had been talking with her</li> </ul>	V 112		

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V 112	Continued From page 9  about smoking cessation.  This deficiency constitutes a recited deficiency and must be corrected within 30 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);	V 113		

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V 113	<p>Continued From page 10</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain documentation of progress towards outcomes for 3 of 3 audited clients (#2, #3, #4) and obtain a signed statement from a legal guardian granting permission to seek emergency care for 1 of 3 clients audited (client #4). The findings are:</p> <p>Finding #1: Review on 6/13/23 of client #4's record revealed: -26 year old female. -Admission date of 2/14/18. -Diagnoses of Borderline Intellectual Functioning; Adjustment Disorder with mixed Anxiety and Depressed Mood; Dependent Personality Disorder. -Client #4's father became her legal guardian on 8/31/21. -No signed statement from client #4's guardian granting permission to seek emergency care. -Treatment plan had goals for activities of daily living (ADLs), living skills, and compliance with medical care. -There was no documentation of progress</p>	V 113		

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V 113	<p>Continued From page 11</p> <p>towards client goals.</p> <p>Interview on 6/12/23 client #4 stated: -She had lived in the facility "a long time." -Her father, who lived out of state, was her guardian. -She wanted to get a job.</p> <p>Finding #2: Review on 6/13/23 of client #2's record revealed: -53 year old female. -Admitted on 7/29/08. -Diagnoses included Cerebral Palsy; Moderate Intellectual Developmental Disability (IDD); Hypertension; Mixed Hyperlipidemia; Osteoporosis; and, Scoliosis. -Treatment plan had goals for activities of daily living (ADLs), and compliance with medical care. -There was no documentation of progress towards client goals.</p> <p>Finding #3: Review on 6/13/23 client #3's record revealed: -73 year old female. -Admission date, 9/4/15. -Diagnoses included Schizoaffective Disorder, Bipolar type; Borderline Intellectual Functioning; Diabetes Mellitus Type II; Hypertension; and, Hyperlipidemia. -Treatment plan had goals for activities of daily living (ADLs). -There was no documentation of progress towards client goals.</p> <p>Interview on 6/15/23 the Qualified Professional stated: -Any progress toward goals would be documented on a client's treatment plan. -"Truth be told," the clients all had goals for ADLs and likely never make progress without staff</p>	V 113		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-855</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/15/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JOYFUL LIVING #1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1951 IRELAND DRIVE</b> <b>FAYETTEVILLE, NC 28304</b>
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V 113	Continued From page 12  intervention; therefore, no progress to document. -The clients continued to need staff to intervene and prompt them to meet their ADL goals.  Interview on 6/13/23 the Licensee stated: -Client #4 was her own guardian when admitted. -When client#4's father became her guardian the consents were done verbally.	V 113		
V 291	27G .5603 Supervised Living - Operations  10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court	V 291		

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V 291	<p>Continued From page 13</p> <p>or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain coordination between the facility operator and the qualified professionals who are responsible for treatment affecting 1 of 3 clients audited (client #3). The findings are:</p> <p>Review on 6/13/23 client #3's record revealed: -73 year old female. -Admission date, 9/4/15. -Diagnoses included Schizoaffective Disorder, Bipolar type; Borderline Intellectual Functioning; Diabetes Mellitus Type II; Hypertension; and, Hyperlipidemia -Treatment plan dated 1/24/23 documented client #3 required her blood sugar tested daily. -No physician order for fingerstick blood sugar (FSBS) testing documented. -No physician orders or physician approved facility guidelines for staff to follow if FSBS results were below or above acceptable levels. -No orders for nicotine replacement products or other smoking cessation plans to support client #3 to reduce or stop smoking.</p> <p>Review on 6/13/23 of client #3's FSBS results from 3/1/23 - 6/13/23 revealed: -No times documented when FSBS testing was done. -Results documented daily with a range as follows: -March (3/1/23 - 3/31/23): 99-130 -April (4/1/23 - 4/30/23): 98-131 -May (5/1/23 - 5/31/23): 98-127</p>	V 291		

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V 291	<p>Continued From page 14</p> <p>-June (6/1/23 - 6/13/23): 101-128</p> <p>Interview on 6/12/23 client #3 stated the Licensee had taken away her "smoking privileges" a few months ago, and she wanted her cigarettes.</p> <p>Interview on 6/14/23 Staff #4 stated: -She worked weekends from 5pm on Fridays until 7:45 am on Mondays. -Client #3 was not allowed to smoke for health reasons; she had some spots on her lungs. -The facility "weaned down" on her smoking by gradually cutting back on her cigarettes. -They provided client #3 gum "and all that stuff" to help her stop smoking.</p> <p>Interview on 6/15/23 the Qualified Professional stated: -Client #3 had not been allowed to smoke since about February or March 2023 for safety reasons. -They had found evidence of safety concerns; for example, burn marks on her clothing.</p> <p>Interview on 6/13/23 the Licensee stated: -Client #3 had not been smoking since a "couple of months ago" when nodules were identified on her lungs. -Client #3 could have a cigarette if she wanted one; she had cigarettes. -Nicotine patches had been tried but client #4 stated they made her arm burn. -The client had done an "over the counter trial" using the patches to help her stop smoking. -Client #4's doctor had talked with her about stop smoking.</p>	V 291		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities	V 364		

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V 364	<p>Continued From page 15</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p> <ol style="list-style-type: none"> <li>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</li> <li>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</li> <li>(3) Contact and consult with a client advocate if there is a client advocate.</li> </ol> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <ol style="list-style-type: none"> <li>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</li> <li>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</li> <li>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</li> <li>(4) Make visits outside the custody of the facility unless:               <ol style="list-style-type: none"> <li>a. Commitment proceedings were initiated as the result of the client's being charged with a</li> </ol> </li> </ol>	V 364		



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V 364	<p>Continued From page 16</p> <p>violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and</p>	V 364		

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V 364	<p>Continued From page 17</p> <p>vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00</p>	V 364		

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V 364	<p>Continued From page 18</p> <p>p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the</p>	V 364		

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V 364	<p>Continued From page 19</p> <p>renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure a client right to personal possessions under appropriate supervision for 1 of 3 clients (client #3) audited. The findings are:</p> <p>Review on 6/13/23 client #3's record revealed: -73 year old female. -Admission date, 9/4/15. -Diagnoses included Schizoaffective Disorder, Bipolar type; Borderline Intellectual Functioning; Diabetes Mellitus Type II; Hypertension; and, Hyperlipidemia -No documentation by the Qualified Professional (QP) about smoking restrictions for client #3, to include reasons, re-evaluation, or notification of the legal guardian.</p> <p>Interview on 6/12/23 client #3 stated the Licensee had taken away her "smoking privileges" a few months ago, and she wanted her cigarettes.</p>	V 364		

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V 364	<p>Continued From page 20</p> <p>Interview on 6/14/23 Staff #4 stated: -Client #3 was not allowed to smoke for health reasons; she had some spots on her lungs. -Staff had kept client #3's cigarettes when she had been allowed to smoke.</p> <p>Interview on 6/15/23 the QP stated: -Client #3 had not been allowed to smoke since about February or March 2023. -The reason she was not allowed to smoke was due to fire safety reasons. They had found evidence of burn marks on her clothing from smoking.</p> <p>Interview on 6/13/23 the Licensee stated: -Client #3 had not been smoking since a "couple of months ago" when nodules were identified on her lungs. -Client #3 could have a cigarette if she wanted one; she had cigarettes.</p>	V 364		