

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-621	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/23/2023
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NAME OF PROVIDER OR SUPPLIER MORETZ MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 409 EBON ROAD DURHAM, NC 27713
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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>INITIAL COMMENTS</p> <p>A complaint survey was completed on 6/23/23. The complaints were substantiated (intake #NC00201338, NC00202637 and NC00203323). 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 6 and currently has a census of 6. The survey sample consisted of audits of 6 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> <ol style="list-style-type: none"> (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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to develop and implement strategies to meet the needs affecting two of six clients (#1 and #2). The findings are:</p> <p>1. Review on 6/12/23 of client #1's record revealed: -Admission date of 10/8/22. -Diagnoses of Traumatic Brain Injury, Profound Intellectual Disability, Generalized Anxiety Disorder, Transaminitis, Vascular Dementia, History of Strokes, History of Seizures, Tremors, Gastroesophageal Reflux Disease, History of Constipation, and Insomnia. -Psychological assessment dated 5/27/22-He was deemed to be dependent on others for all aspects of daily physical care and for his health and safety. -Individualized Support Plan (ISP) dated 7/1/22 had no strategies to address smearing feces, urinating and defecating on mattress and on the floor.</p> <p>Observation on 6/12/23 of the facility at approximately 9:05 am revealed: -Client #1's bedroom- There was a strong urine and feces smell. The top mattress and side of the mattress had approximately 20 brown spots on it. The mattress smelled like urine and feces.</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>Interview on 6/13/23 with staff #2 revealed: -Client #1 was "constantly" urinating and defecating on his mattress. -Client #1 would also urinate and defecate on the floor. -"This has been an issue since [client #1] lived at the facility." -"We are always cleaning his bedroom." -She confirmed client #1 had no strategies to address smearing feces, urinating and defecating on mattress and on the floor.</p> <p>Interview on 6/13/23 with staff #5 revealed: -"Staff cleaned [client #1's] room all of the time." -Client #1 would smear feces on the mattress. -Client #1 would also urinate and defecate on the mattress. -Client #1 would remove the sheets and lay on the mattress and use the bathroom on it. -She confirmed client #1 had no strategies to address smearing feces, urinating and defecating on mattress and on the floor.</p> <p>Interviews on 6/12/23 and 6/15/23 with the agency's Behavioral Specialist revealed: -If clients had behaviors that needed to be addressed, she worked with the facility to address those issues. -She was aware of client #1 urinating and defecating on his mattress. -"Staff brought that issue to her attention several months ago." -Client #1 was put on a schedule to use the bathroom every two hours. -Staff said it was not working because client #1 was still urinating and defecating on the bed. -She then changed the schedule to hourly and staff said it was the same issue. -She was not sure if staff were really going by the</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>toileting schedule, because staff were not documenting.</p> <p>-She gave staff a verbal directive to address the issue with client #1 urinating and defecating on his mattress.</p> <p>-She did not put anything in writing to address client #1's behavior of urinating and defecating on his mattress.</p> <p>-She was not aware of client #1 smearing feces on the mattress.</p> <p>-She confirmed client #1 had no strategies to address smearing feces, urinating and defecating on mattress and on the floor.</p> <p>Interview on 6/12/23 with the Program Director revealed:</p> <p>-Staff were "constantly" cleaning client #1's bedroom.</p> <p>-Client #1 had two new mattresses since being at the facility.</p> <p>-Client #1 will not get out of bed to use the bathroom.</p> <p>-Client #1 "will just lay in bed and urinate and defecate on the bed."</p> <p>-Client #1 would also urinate and defecate on the floor.</p> <p>-Client #1 had the issue with urinating and defecating since he was admitted to the facility in October 2022.</p> <p>-She confirmed client #1 had no strategies to address smearing feces, urinating and defecating on mattress and on the floor.</p> <p>2. Review on 6/12/23 of client #2's record revealed:</p> <p>-Admission date of 2/1/21.</p> <p>-Diagnoses of Traumatic Brain Injury, Autism Spectrum Disorder, Anxiety Disorder, Schizophrenia-Unspecified, Borderline Personality Disorder, History of Seizures, Asthma</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>and Vitamin D Deficiency.</p> <p>-Assessment dated 11/5/19 from a psychiatric facility-She had a history of medication noncompliance. She had a history of psychiatric hospitalizations. She had a history of aggression and violence towards others. She had multiple delusions regarding her background and her actual identity.</p> <p>-Physician's order dated 8/26/22 for Divalproex Sodium Delayed Release (DR) 250 milligrams (mg) (Seizure Disorder), one tablet at bedtime and Divalproex Sodium DR 500 mg, one tablet twice daily.</p> <p>-Physician's order dated 8/15/22 for Vitamin D 400 International Unit (IU) (Vitamin deficiency), one tablet daily; Alvesco 160 micrograms (mcg) (Asthma), inhale one puff twice daily; Aripiprazole 15 mg (Schizophrenia), one tablet daily; Prazosin 1 mg (Antihypertensive), one capsule at bedtime; Portia-28 tablet (Birth Control), one tablet daily; Topiramate 25 mg (Seizure Disorder), one tablet twice daily at bedtime.</p> <p>-ISP dated 7/1/22 and updated 5/17/23 had no strategies to address medication refusals.</p> <p>Reviews on 6/14/23 and 6/20/23 of MARs for client #2 revealed:</p> <p>April 2023 -Staff documented client #2 had the following medication refusals: On 4/7, 4/12, 4/22 and 4/23 morning doses for Aripiprazole 15 mg, Vitamin D 400 IU, Portia-28 day and Prazosin 1mg On 4/7, 4/12, 4/22 and 4/23 am/pm doses for Alvesco 160 mcg and Topiramate 25 mg On 4/7, 4/12, 4/22 and 4/23 for Divalproex Sodium DR 250 mg</p> <p>March 2023</p>	V 112		

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V 112	<p>Continued From page 5</p> <p>-Staff documented client #2 had the following medication refusals: On 3/9, 3/22, 3/25, 3/27 and 3/31 all evening doses for Alvesco 160 mcg, Divalproex Sodium DR 250 mg, Divalproex Sodium DR 500 mg, Prazosin 1 mg and Topiramate 25 mg. On 3/12 and 3/24 morning doses for Alvesco 160 mcg , Aripiprazole 15 mg, Vitamin D 400 IU, Portia-28 day and Divalproex Sodium DR 500 mg. On 3/10, 3/11, 3/17, 3/18 and 3/19 am/pm for Alvesco 160 mcg, Divalproex Sodium DR 250 mg, Divalproex Sodium DR 500 mg, Prazosin 1 mg, Topiramate 25 mg, Aripiprazole 15 mg, Vitamin D 400 IU, Portia-28 day, and Prazosin 1mg.</p> <p>February 2023 -Staff documented client #2 had the following medication refusals: On 2/21 all evening doses for Alvesco 160 mcg, Divalproex Sodium DR 250 mg, Divalproex Sodium DR 500 mg, Prazosin 1 mg and Topiramate 25 mg. On 2/22 morning doses for Alvesco 160 mcg, Aripiprazole 15 mg, Vitamin D 400 IU, Portia-28 day and Divalproex Sodium DR 500 mg</p> <p>Review on 6/14/23 of After Visit Summaries for client #2 from local hospitals revealed: -4/26/23-Client #2 was admitted on 4/26/23 and discharged on 5/30/23. She was admitted to the Behavioral Health Unit. The reason for the visit was Psychosis. -4/7/23-Client #2 went to the Emergency Room on 4/7/23. The diagnosis was aggressive behavior and the reason for the visit was a psychiatric evaluation. -2/22/23-Client #2 was admitted on 2/22/23 and discharged on 2/27/23. She was admitted to the</p>	V 112		

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V 112	<p>Continued From page 6</p> <p>Behavioral Health Unit. The diagnosis was Psychosis.</p> <p>-2/7/23- Client #2 was admitted on 2/7/23 and discharged on 2/13/23. She was admitted to the Behavioral Health Unit. The diagnosis was aggression and facial injury and reason for visit was a psychiatric evaluation and facial laceration.</p> <p>Reviews on 6/12/23 and 6/20/23 of the North Carolina Incident Response Improvement System (IRIS) revealed:</p> <p>-IRIS dated 6/5/23- "During evening medications administration and snack time, [client #2] requested more snacks, she was told she already had her snacks and to wait until other clients have had their snacks to get seconds. [Client #2] refused got angry and charged at [Staff #1] and began to hit, spit and kick [Staff #1]. [Staff #1] tried to get away from [client #2] but she continued to follow him. Police was called and [client #2] was taken to [Name of local hospital]."</p> <p>-IRIS dated 2/22/23- "[Client #2] refused to take her medications two day in a roll, she was maniaicing and refused to speak. staff called Emergency Medical Services (EMS) and [client #2] was taken to [Name of local hospital]."</p> <p>-IRIS dated 2/7/23-"At about 4pm on 2/7/23, [client #2] was upset ...[Client #2] began calling staff names, yelling and screaming. [Client #2] physically attacked staff and bit her on the shoulder and hit her in the mouth. [Local county police] and Emergency Medical Services (EMS) were called and she was taken to [Name of local hospital]."</p> <p>Interview on 6/15/23 with the agency's Behavioral Specialist revealed:</p> <p>-She was aware of client #2's medication refusals.</p> <p>-"It was her understanding that [the Program</p>	V 112		

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V 112	<p>Continued From page 7</p> <p>Director] would contact the guardian if client #2 refused her medications 2 times in row. [Client #2] would then go to the hospital." -She did not address the medication refusal issue by putting anything in place because "I feel like that was medical and needed to be addressed through the Psychiatrist." -She confirmed client #2 had no strategies to address the medication refusals.</p> <p>Interviews on 6/13/23 and 6/14/23 with the Program Director revealed: -Client #2 refused morning and/or night medication. -Client #2 would sometimes refuse to take her medication during both dosing times. -Client #2 had a history of medication refusals, however the behavior with the medication refusals started around February 2023. -When client #2 first came to the facility in 2021 the medication refusals were not an issue. -If client #2 refused her medication 3 days straight, they would send her to the hospital. -Client #2 went to the hospital several times due medication refusals and aggression towards staff. -If client's behaviors need to be addressed, she would talk with the agency's Behavioral Specialist about addressing those behaviors. -The agency's Behavioral Specialist did not address the behavior for client #2 refusing her medications. -She confirmed client #2 had no strategies to address the medication refusals.</p> <p>Review on 6/23/23 of a Plan of Protection written by the Program Director dated 6/23/23 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? [The Program Director] will facilitate immediate training of all staff on the client specific,</p>	V 112		

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V 112	<p>Continued From page 8</p> <p>person-centered plan, treatment and habilitation of services to ensure that staff understand and know what to do when the consumer becomes incontinent. [The Behavioral Specialist] will develop guidelines/strategies for staff to follow when the consumer refuses to take their medication. Describe your plans to make sure the above happens. [The Program Director] and [The Behavioral Specialist] will meet with the Local Management Entity/Managed Care Organization (LME/MCO) of the clients to discuss if Moretz is a proper fit for the client or if they require more skill facility for placement. Will meet with other team members to ensure that the guidelines/strategies meet human rights committee requirements for their approval."</p> <p>Clients #1 and #2's diagnoses included: Traumatic Brain Injury, Profound Intellectual Disability, Generalized Anxiety Disorder, Autism Spectrum Disorder, Anxiety Disorder, Schizophrenia-Unspecified, Borderline Personality Disorder, Vascular Dementia, History of Strokes, History of Seizures and Asthma. Client #1 was urinating and defecating on the mattress and/or floor in his bedroom. Client #1 was smearing feces on his mattress. Client #1 had been displaying these behaviors since he was admitted to the facility in October 2022. Client #1's mattress had to be replaced twice due to him urinating and defecating on it. Client #1 had no strategies to address smearing feces, urinating and defecating on mattress and on the floor. Client #2 had numerous medication refusals between 2/21/23 and 4/23/23. In April 2023, client #2 refused all of her medications for 4 days. In March 2023, she refused all medications for 5 days and refused morning or evening medications for 7 days. In February 2023, she refused her evening medications 1 day and her</p>	V 112		

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V 112	Continued From page 9 morning medications 1 day. The medications client #2 refused included: Aripiprazole, Vitamin D, Portia birth control pill, Prazosin, Alvesco, Topiramate and Divalproex Sodium. On 6/5/23 client #2 physically assaulted staff #1 and was taken to the local hospital by police officers. Client #2 had 5 psychiatric hospitalizations between 2/7/23 and 6/2/23 prior to the hospitalization on 6/5/23. Client #2 had no strategies to address medication refusals. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 112		
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	V 118		

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V 118	<p>Continued From page 10</p> <p>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>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure medications were available for administration affecting one of six clients (#1) and failed to keep the MAR current affecting two of six clients (#1 and #2). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0209 MEDICATION REQUIREMENTS-ERRORS (Tag 123)</p> <p>Based on record review and interviews, the facility failed to ensure medication refusals were reported immediately to a physician or pharmacist for one of six clients (#2).</p> <p>The following is evidence the facility failed to ensure a medication was available for administration.</p> <p>Reviews on 6/12/23 and 6/13/23 of client #1's</p>	V 118		

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V 118	<p>Continued From page 11</p> <p>record revealed:</p> <ul style="list-style-type: none"> -Admission date of 10/8/22. -Diagnoses of Traumatic Brain Injury, Profound Intellectual Disability, Generalized Anxiety Disorder, Transaminitis, Vascular Dementia, History of Strokes, History of Seizures, Tremors, Gastroesophageal Reflux Disease, History of Constipation, and Insomnia. -Physician's order dated 10/24/22 for Polyethylene Glycol 3350 (Constipation), mix one capful (17 grams) into 8 ounces of water and take twice a day. <p>Review on 6/14/23 of the June 2023 MAR for client #1 revealed:</p> <ul style="list-style-type: none"> -Staff documented the Polyethylene Glycol 3350 as administered on 6/10 thru 6/13 am/pm doses and on 6/14 am dose. <p>Observation on 6/14/23 at approximately 11:18 am of the medication area for client #1 revealed:</p> <ul style="list-style-type: none"> -Polyethylene Glycol 3350 was not available for administration. <p>Reviews on 6/20/23 and 6/23/23 of an After Visit Summary from a local hospital dated 6/19/23 revealed:</p> <ul style="list-style-type: none"> -Client #1 was seen in the Emergency Department (ED) on 6/19/23. He was discharged on 6/20/23. Radiology abdomen view "large volume stool burden throughout the colon with a rectal stool ball in rectal distention measuring 6.4 centimeters (cm). Nonobstructive bowel gas pattern. Severe colonic stool burden. Rectal stool volume measuring up to 6.5 centimeters (cm)." <p>The diagnosis given during the visit was Constipation.</p> <p>Interview on 6/14/23 with staff #5 revealed:</p> <ul style="list-style-type: none"> -The Polyethylene Glycol for client #1 ran out 	V 118		

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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 12</p> <p>around 6/10/23.</p> <p>-"[Client #1] should get the medication from the pharmacy one day this week."</p> <p>-The refill for that medication was already called into the pharmacy by staff.</p> <p>-She confirmed the facility failed to ensure medications were available for administration.</p> <p>Interviews on 6/14/23 and 6/20/23 with the Program Director revealed:</p> <p>-She was aware client #1 was out of the Polyethylene Glycol for a few days.</p> <p>-Client #1 was taken to the Emergency Room (ER) on 6/19/23 due to being constipated.</p> <p>-Client #1 had no bowel movement in 3 days.</p> <p>-"It's their procedure for staff to take [client #1] to the urgent care or ER if [client #1] had no bowel movement in 3 days."</p> <p>-The ER doctor prescribed client #1 a suppository for the constipation.</p> <p>-She confirmed the facility failed to ensure medications were available for administration.</p> <p>The following is evidence the facility failed to keep the MAR current.</p> <p>1. Review on 6/13/23 of client #1's record revealed:</p> <p>-Physician's order dated 2/9/23 for Lactulose 10 grams (gm)/15 milliliters (ml) Solution (Constipation), one tablespoon (10 gm) three times daily to ensure bowel movements. No refills for this order.</p> <p>-Physician's order dated 10/24/22 for Polyethylene Glycol 3350, mix one capful (17 grams) into 8 ounces of water and take twice a day.</p> <p>-Physician's order dated 10/17/22 for Senna Plus tablet (Constipation), two tablets twice daily.</p>	V 118		

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V 118	<p>Continued From page 13</p> <p>Observation on 6/14/23 at approximately 11:18 am of the medication area for client #1 revealed: -Lactulose 10 gm/15 ml was not available for administration.</p> <p>Reviews on 6/14/23, 6/20/23 and 6/23/23 of MARs for client #1 revealed:</p> <p>June 2023 -Polyethylene Glycol 3350 was documented as administered by staff on 6/10 thru 6/13 am/pm doses and on 6/14 am dose. -Lactulose 10 gm/15 ml was documented as administered by staff 6/1 thru 6/14 for all three doses.</p> <p>May 2023 -There were no staff initials to indicate Polyethylene Glycol 3350 and Senna plus were administered on 5/31 for the pm doses. -Lactulose 10 gm/15 ml was documented as administered by staff 5/1 thru 5/30 for all three doses.</p> <p>-April 2023 -Lactulose 10 gm/15 ml was documented as administered by staff 4/1 thru 4/30 for all three doses.</p> <p>-March 2023 -Lactulose 10 gm/15 ml was documented as administered by staff 3/3 thru 3/31 for all three doses.</p> <p>Interview on 6/20/23 with local pharmacist revealed: -Client #1's physician prescribed the Lactulose on 2/9/23. -The physician only prescribed that medication to be used for a short period of time.</p>	V 118		

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V 118	<p>Continued From page 14</p> <ul style="list-style-type: none"> -There were no refills for the Lactulose. -The medication was prescribed to be used up to three times daily. -There was enough Lactulose in the container for three weeks. -The medication would have ran out at the beginning of March 2023. <p>Interview on 6/23/23 with staff #2 revealed:</p> <ul style="list-style-type: none"> -She didn't realize she was signing off on the Lactulose medication for client #1. -"I was signing off that medication was being administered by mistake." <p>Interview on 6/20/23 with staff #5 revealed:</p> <ul style="list-style-type: none"> -She had no explanation when asked why staff were documenting for the Lactulose medication that was being documented as given on client #1's MARs. <p>2. Review on 6/13/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> -Physician's order dated 5/30/23 for Prazosin 2 milligrams (mg) (Antihypertensive), one capsule at bedtime and Divalproex Sodium Delayed Release (DR) 250 mg (Seizure Disorder), three tablets at bedtime and Divalproex Sodium DR 500 mg, one tablet daily. -Physician's order dated 4/26/23 for Lorazepam 0.5 mg, (Anxiety Disorder), one tablet twice daily and Topiramate 25 mg (Seizure Disorder), two tablets at bedtime. -Physician's order dated 8/26/22 for Divalproex Sodium DR 500 mg, one tablet two times daily and Divalproex Sodium DR 250 mg, one tablet at bedtime. -Physician's order dated 8/15/22 for Vitamin D 400 International Unit (IU) (Vitamin deficiency), one tablet daily; Alvesco 160 micrograms (mcg) (Asthma), inhale one puff twice daily; Aripiprazole 	V 118		

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V 118	<p>Continued From page 15</p> <p>15 mg (Schizophrenia), one tablet daily; Prazosin 1 mg one capsule at bedtime; Portia-28 tablet (Birth Control), one tablet daily; Topiramate 25 mg, one tablet twice daily at bedtime.</p> <p>Reviews on 6/14/23 and 6/20/23 of MARs for client #2 revealed:</p> <p>June 2023:</p> <p>There were no staff initials to indicate medications were administered on 6/1 thru 6/14 for the following medications: -Lorazepam 0.5 mg -Aripiprazole 15 mg -Divalproex Sodium DR 500 mg -Vitamin D 400 IU</p> <p>There were no staff initials to indicate medications were administered on 6/1 thru 6/4 and 6/6 thru 6/14 for the following medications: -Alvesco 160 mcg -Divalproex Sodium DR 250 mg -Portia-28 tablet -Topiramate 25 mg</p> <p>There were no staff initials to indicate medication was administered on 6/3, 6/4 and 6/6 thru 6/14 for Prazosin 2 mg.</p> <p>May 2023:</p> <p>There were no staff initials to indicate medications were administered on 5/1 thru 5/31 for the following medications: -Topiramate 25 mg -Aripiprazole 15 mg -Divalproex Sodium DR 250 mg -Vitamin D 400 IU -Alvesco 160 mcg</p>	V 118		

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V 118	<p>Continued From page 16</p> <p>-Prazosin 1 mg -Portia-28 tablet</p> <p>April 2023:</p> <p>There were no staff initials to indicate the medication was administered on 4/19 and 4/20 pm doses for Alvesco 160 mcg.</p> <p>Interviews on 6/13/23, 6/14/23 and 6/20/23 with the Program Director revealed:</p> <p>-There were no refills for the Lactulose medication for client #1. -The Lactulose was prescribed by the physician for client #1 to be taken for a short period of time. -She wasn't sure why staff continued to put their initials on the MARs March thru June 2023 to indicate the Lactulose was administered for client #1. -She wasn't sure why staff put their initials on the June 2023 MAR to indicate the Polyethylene Glycol was administered for client #1. -Staff didn't consistently indicate client #2's hospital visits on the April and June 2023 MARs. -The May 2023 MAR was not filled out by staff because client #2 was in the hospital for the entire month. -There normally were no issues with staff administering clients their prescribed medications. -Staff possibly forgot to sign off on the MARs to indicate medication was administered during other times for clients #1 and #2. -She confirmed facility staff failed to keep the MARs current for clients #1 and #2.</p> <p>Review on 6/23/23 of a Plan of Protection written by the Program Director dated 6/23/23 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care?"</p>	V 118		

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V 118	<p>Continued From page 17</p> <p>Lutheran Family Services in the Carolina-Moretz Manor will ensure that staff is properly trained in consumer safety via medication administration, medication error, documentation and communicating with outside agencies such as the consumer Primary Care Physician, the pharmacy, and [the Nurse] when ever a consumer refuses to take their medication, et cetera (etc). [The Program Manager] and [the Program Director] will complete daily checks of the medication administration records (MARs) to ensure that the consumer is receiving his medication and to also ensure that the medication is always available for the consumer. Describe your plans to make sure the above happens. The Medication Administration trainings will be facilitated by [the Nurse]. Documenting and communicating with the pharmacy, [The Nurse] and the doctor, training will be facilitated by [the Program Director]. Plan will be put in place on when, how and who to contact when there is medication error such as consumer refusal to take medication, medication outage, et cetera (etc). Staff will train every month for the next six months to ensure that everyone understands and is comfortable communicating with outside agencies and documenting. Doctors, Nurses and Pharmacist, et cetera (etc)."</p> <p>Clients #1 and #2's diagnoses included: Traumatic Brain Injury, Profound Intellectual Disability, Generalized Anxiety Disorder, Autism Spectrum Disorder, Anxiety Disorder, Schizophrenia-Unspecified, Borderline Personality Disorder, Vascular Dementia, History of Strokes, History of Constipation, History of Seizures and Asthma. Client #1 ran out of Polyethylene Glycol on 6/10/23. Client #1 had no bowel movement in 3 days prior to the hospital visit on 6/19/23 for Constipation. Client #1 was</p>	V 118		

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V 118	Continued From page 18 prescribed Lactulose medication on 2/9/23 to be given 3 times daily with no refills. The Lactulose was completed around 3/2/23, however staff continued documenting the medication was administered 3 times daily between 3/3/23 and 6/13/23. Client #2 had 4 psychiatric hospitalizations between April and June 2023. Staff did not consistently document on the April, May and June 2023 MARs to indicate client #2 was hospitalized. Staff did not put their initials on the April and May 2023 MARs for clients #1 and #2 to indicate medications were administered. 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 118		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (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:	V 123		

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V 123	<p>Continued From page 19</p> <p>Based on record review and interviews, the facility failed to ensure medication refusals were reported immediately to a physician or pharmacist for one of six clients (#2). The findings are:</p> <p>Review on 6/12/23 of client #2's record revealed: -Admission date of 2/1/21. -Diagnoses of Traumatic Brain Injury, Autism Spectrum Disorder, Anxiety Disorder, Schizophrenia-Unspecified, Borderline Personality Disorder, History of Seizures, Asthma and Vitamin D Deficiency. -Physician's order dated 8/26/22 for Divalproex Sodium DR 250 milligrams (mg) (Seizure Disorder), one tablet at bedtime and Divalproex Sodium DR 500 mg, one tablet twice daily. -Physician's order dated 8/15/22 for Vitamin D 400 International Unit (IU) (Vitamin deficiency), one tablet daily; Alvesco 160 micrograms (mcg) (Asthma), inhale one puff twice daily; Aripiprazole 15 mg (Schizophrenia), one tablet daily; Prazosin 1 mg (Antihypertensive), one capsule at bedtime; Portia-28 tablet (Birth Control), one tablet daily; Topiramate 25 mg (Seizure Disorder), one tablet twice daily at bedtime.</p> <p>Reviews on 6/14/23 and 6/20/23 of MARs for client #2 revealed:</p> <p>April 2023 -Staff documented client #2 had the following medication refusals: On 4/7, 4/12, 4/22 and 4/23 morning doses for Aripiprazole 15 mg, Vitamin D 400 IU, Portia-28 day and Prazosin 1mg On 4/7, 4/12, 4/22 and 4/23 am/pm doses for Alvesco 160 mcg and Topiramate 25 mg On 4/7, 4/12, 4/22 and 4/23 for Divalproex Sodium DR 250 mg</p>	V 123		

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V 123	<p>Continued From page 20</p> <p>March 2023 -Staff documented client #2 had the following medication refusals: On 3/9, 3/22, 3/25, 3/27 and 3/31 all evening doses for Alvesco 160 mcg, Divalproex Sodium DR 250 mg, Divalproex Sodium DR 500 mg, Prazosin 1 mg and Topiramate 25 mg. On 3/12 and 3/24 morning doses for Alvesco 160 mcg , Aripiprazole 15 mg, Vitamin D 400 IU, Portia-28 day and Divalproex Sodium DR 500 mg. On 3/10, 3/11, 3/17, 3/18 and 3/19 am/pm for Alvesco 160 mcg, Divalproex Sodium DR 250 mg, Divalproex Sodium DR 500 mg, Prazosin 1 mg, Topiramate 25 mg, Aripiprazole 15 mg, Vitamin D 400 IU, Portia-28 day, and Prazosin 1mg.</p> <p>February 2023 -Staff documented client #2 had the following medication refusals: On 2/21 all evening doses for Alvesco 160 mcg, Divalproex Sodium DR 250 mg, Divalproex Sodium DR 500 mg, Prazosin 1 mg and Topiramate 25 mg. On 2/22 morning doses for Alvesco 160 mcg, Aripiprazole 15 mg, Vitamin D 400 IU, Portia-28 day and Divalproex Sodium DR 500 mg</p> <p>Review of facility records on 6/23/23 revealed: -There was no documentation facility staff notified the physician or pharmacist of medication refusals for client #2.</p> <p>Interview on 6/23/23 with staff #2 revealed: -Client #2 did refuse her medications a few times when she administered medications. -She did not call the physician or pharmacist after those medication refusals with client #2. -She wasn't aware they were required to report</p>	V 123		

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V 123	<p>Continued From page 21</p> <p>medication refusals to the physician or pharmacist.</p> <p>Interview on 6/23/23 with staff #4 revealed: -Client #2 never refused medications with her. -She was never informed if a client had medication refusals, staff were supposed to contact the pharmacist or physician.</p> <p>Interviews on 6/14/23 and 6/21/23 with the Program Director revealed: -Client #2 refused morning and/or night medications. -Client #2 would sometimes refuse to take her medications during both dosing times. -Staff were documenting on the MARs to indicate client #2 was refusing her medications. -She thought staff were calling the physician when client #2 refused her medications, however there was no documentation to verify the physician was contacted after medication refusals.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V118) for a Type B rule violation and must be corrected within 45 days.</p>	V 123		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p>	V 132		

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V 132	<p>Continued From page 22</p> <p>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the</p>	V 132		

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V 132	<p>Continued From page 23</p> <p>facility failed to ensure an allegation of abuse was reported to Health Care Personnel Registry (HCPR) within five working days. The findings are:</p> <p>Review on 6/14/23 of a personnel record for staff #1 revealed: -Date of hire was 8/18/21. -He was hired as a Traumatic Brain Injury Direct Care Worker.</p> <p>Review on 6/12/23 of client #2's record revealed: -Admission date of 2/1/21. -Diagnoses of Traumatic Brain Injury, Autism Spectrum Disorder, Anxiety Disorder, Schizophrenia-Unspecified, Borderline Personality Disorder, History of Seizures, Asthma and Vitamin D Deficiency.</p> <p>Review on 6/12/23 of the North Carolina Incident Response Improvement System (IRIS) revealed: -There was no level III incident report submitted by the facility for an allegation of abuse client #2 made against staff #1 on 6/5/23.</p> <p>Interviews on 6/12/23 and 6/13/23 with the Program Director revealed: -When client #2 went to the local hospital on 6/5/23 she alleged staff #1 sexually assaulted her. -"The allegation [client #2] made against [staff #1] was not true." -She did not report the allegation client #2 made against staff #1 on 6/5/23 to HCPR. -She did not report that incident because when she talked to Staff #1, Staff #2 and Staff #4 they said client #2 was not sexually assaulted. -Client #2 also had a history of making allegations against other people. Client #2 alleged other people raped her in the past.</p>	V 132		

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NAME OF PROVIDER OR SUPPLIER MORETZ MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 409 EBON ROAD DURHAM, NC 27713
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V 132	Continued From page 24 -She confirmed the agency failed to report the allegations of abuse to HCPR within five working days.	V 132		
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 develop and implement written policies governing	V 366		

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V 366	<p>Continued From page 25</p> <p>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:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(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:</p> <p>(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;</p> <p>(B) gather other information needed;</p> <p>(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</p> <p>(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 identified by the internal review team, shall</p>	V 366		

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V 366	<p>Continued From page 26</p> <p>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</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement a policy governing their response to Level II and Level III incidents as required. The findings are:</p> <p>Review on 6/14/23 of a personnel record for staff #1 revealed: -Date of hire was 8/18/21. -He was hired as a Traumatic Brain Injury Direct Care Worker.</p>	V 366		

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V 366	<p>Continued From page 27</p> <p>Review on 6/12/23 of client #2's record revealed: -Admission date of 2/1/21. -Diagnoses of Traumatic Brain Injury, Autism Spectrum Disorder, Anxiety Disorder, Schizophrenia-Unspecified, Borderline Personality Disorder, History of Seizures, Asthma and Vitamin D Deficiency.</p> <p>Review on 6/14/23 of After Visit Summaries for client #2 from local hospitals revealed: -6/2/23-Client #2 was admitted on 6/2/23 and discharged on 6/5/23. She was admitted to the Behavioral Health Unit. The diagnosis was aggressive behavior and the reason for the visit was a psychiatric evaluation. -4/26/23-Client #2 was admitted on 4/26/23 and discharged on 5/30/23. She was admitted to the Behavioral Health Unit. The reason for the visit was Psychosis. -4/7/23-Client #2 went to the Emergency Room on 4/7/23. The diagnosis was aggressive behavior and the reason for the visit was a psychiatric evaluation.</p> <p>Review on 6/12/23 of the North Carolina Incident Response Improvement System (IRIS) revealed: -There was no level III incident report submitted by the facility for the allegation of abuse client #2 made against staff #1 on 6/5/23. -There were no Level II incident reports submitted by the facility for the above psychiatric hospitalizations for client #2. -There was no documentation to determine: The cause of the incident; If the facility developed and implemented corrective measures according to the provider specified timeframes not to exceed 45 days; no measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days and assigning person(s) to be responsible for implementation of the corrections</p>	V 366		

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V 366	Continued From page 28 and preventive measures. Interviews on 6/12/23, 6/13/23 and 6/23/23 with the Program Director revealed: -When client #2 went to the local hospital on 6/5/23 she alleged staff #1 sexually assaulted her. -"The allegation [client #2] made against [staff #1] was not true." -She did not do a report in IRIS for the allegation client #2 made against staff #1 on 6/5/23. -She did not report that incident because when she talked to Staff #1, Staff #2 and Staff #4 they said client #2 was not sexually assaulted. -Client #2 also had a history of making allegations against other people. Client #2 alleged other people raped her in the past. -She thought all of the psychiatric hospital visits for client #2 were in IRIS. -She confirmed the facility failed to implement a policy governing their response to Level II and Level III incidents as required.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the	V 367		

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V 367	<p>Continued From page 29</p> <p>Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of</p>	V 367		

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V 367	<p>Continued From page 30</p> <p>becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure incidents were reported to the Local Management Entity/Managed Care Organization (LME/MCO) for the catchment area where services are provided within 72 hours of</p>	V 367		

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V 367	Continued From page 31 becoming aware of the incident. The findings are: Refer to V-366 regarding implementing a policy governing their response to Level II and Level III incidents. -There was an allegation of sexual abuse on 6/5/23 involving staff #1 and client #2. -Client #2 had three psychiatric hospitalizations between 4/7/23 and 6/2/23. -Review of the North Carolina Incident Reporting Improvement System (IRIS) revealed the Program Director failed to report the above incidents to the LME/MCO within 72 hours.	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:	V 500		

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V 500	<p>Continued From page 32</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p>	V 500		

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V 500	<p>Continued From page 33</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the governing body failed to report an allegation of abuse to the Department of Social Services (DSS). The findings are:</p> <p>Review on 6/14/23 of a personnel record for staff #1 revealed: -Date of hire was 8/18/21. -He was hired as a Traumatic Brain Injury Direct Care Worker.</p> <p>Review on 6/12/23 of client #2's record revealed: -Admission date of 2/1/21. -Diagnoses of Traumatic Brain Injury, Autism Spectrum Disorder, Anxiety Disorder, Schizophrenia-Unspecified, Borderline Personality Disorder, History of Seizures, Asthma and Vitamin D Deficiency.</p> <p>Review on 6/12/23 of the North Carolina Incident Response Improvement System (IRIS) revealed: -There was no level III incident report submitted by the facility for an allegation of abuse client #2 made against staff #1 on 6/5/23. - There was no indication DSS was contacted about the above allegation of abuse.</p> <p>Interviews on 6/12/23 and 6/13/23 with the Program Director revealed: -When client #2 went to the local hospital on 6/5/23 she alleged staff #1 sexually assaulted her. -"The allegation [client #2] made against [staff #1] was not true." -She did not report the allegation client #2 made against staff #1 on 6/5/23 to DSS. -She did not report that incident because when she talked to Staff #1, Staff #2 and Staff #4 they</p>	V 500		

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V 500	Continued From page 34 said client #2 was not sexually assaulted. -Client #2 also had a history of making allegations against other people. Client #2 alleged other people raped her in the past. -She confirmed the agency failed to report the allegation of abuse to DSS.	V 500		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor. The findings are: Observation on 6/12/23 of the facility at approximately 9:05 am revealed: -Client #1's bedroom- There was a strong urine and feces smell. The top mattress and side of the mattress had approximately 20 brown spots on it. There was also a tear on the top of the mattress. The mattress smelled like urine and feces. The window blind had broken slats. Interview on 6/12/23 with the Program Director revealed: -The brown spots on client #1's mattress was	V 736		

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V 736	Continued From page 35 feces. -Staff were constantly cleaning client #1's bedroom. -Client #1 had two new mattresses since being at the facility. -Client #1 will not get out of bed to use the bathroom. -Client #1 "will just lay in bed and urinate and defecate on the bed." -She confirmed the facility was not maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor.	V 736		