STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL040-055	A. BUILDING: _____ B. WING _____	R-C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDWARDS GROUP HOME #6	710 WEST HARPER STREET SNOW HILL, NC 28580

(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 A complaint and follow up survey was completed on June 23, 2023. The complaint was substantiated (intake #NC00203534). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
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	V 118		

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V 118	Continued From page 1 (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. This Rule is not met as evidenced by: Based on record reviews, observations, and interviews the facility failed to ensure medications administered were recorded on each client's MAR immediately after administration affecting 2 of 3 current clients (#1 and #3) and to administer medications as ordered by the physician for 1 of 3 current clients (#3). The findings are: Review on 6/22/23 of client #1's record revealed: - 24 year old female admitted 1/15/21. - Diagnoses included Schizophrenia, Depression, and Bipolar Disorder. - Physician signed FL-2 dated 12/29/22 included Abilify (anti-psychotic) Injection 400 milligrams (mg), inject 1 milliliter (ml) intramuscularly (IM) once monthly. Review on 6/22/23 of client #1's June 2023 MAR revealed transcription for Abilify Injection 400 mg inject 1 ml IM once monthly; no documentation of administration for June 2023. Reviews on 6/22/23 and 6/23/23 of client #3's record revealed: - 42 year old female admitted 1/27/23. - Diagnoses included Schizoaffective Disorder,	V 118		

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V 118	Continued From page 2 bipolar type; and Post Traumatic Stress Disorder. - Signed Physician's order dated 4/26/23 for Trazodone (sleep) 100 mg 1 tablet at bedtime. - Physician signed FL-2 dated 1/26/23 included Trazodone 50 mg 1 tablet at bedtime as needed (prn); and haloperidol (anti-psychotic) injection 50 mg/ml inject 3 ml (150 mg) IM every month.. Review on 6/22/23 of client #3's MARs for April, May and June 2023 revealed: - No transcription for Trazodone 100 mg 1 tablet at bedtime on the April 2023 MAR; no staff documentation of administration 4/26/23 - 4/30/23. - Transcription for Trazodone 50 mg 1 tablet at bedtime prn for April 2023; staff initials documented administration on 4/21/23, 4/23/23, 4/26/23, and 4/28/23. - Handwritten transcription for Trazodone 100 mg 1 tablet at bedtime for May 2023 with no staff initials to document administration 5/01/23 - 5/09/23. - Transcription for haloperidol 50 mg/ml, inject 3 ml (150 mg) IM every month; no documentation of administration for June 2023. Observation on 6/22/23 at 10:00 am of client #3's medications on hand revealed: - Trazodone 100 mg 1 tablet at bedtime dispensed 5/26/23. The Registered Nurse/Qualified Professional/Licensee (RN/QP/L) was observed to document June 2023 administration of injections for client #1 and client #3 at 1:00 pm 6/22/23. Review on 6/23/23 of June 2023 MARs for client #1 and client #3 revealed staff initials for administration of their injections on 6/01/23.	V 118		

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V 118	Continued From page 3 During interview on 6/22/23 client #1 declined to discuss her medications. During interview on 6/22/23 client #3 stated she took her medications as ordered with staff assistance; she had never missed any of her medications. During interviews on 622/23 and 6/23/23 the RN/QP/L stated: - She administered "about 12" injections each month. - "I keep track of all my injections." - "I just forgot to document it on the MAR. I have documentation that I gave it." - Regarding client #3's Physician's order for Trazodone 100 mg: "Because it was so close to the end of the month, he (the Psychiatrist) said she could start it at the beginning of the month." - She "checked with the pharmacy and they did not send" client #3's Trazodone 100 mg to the facility until 5/08/23. - "The staff who works night shift said [client #3] said she wanted to continue with the 50 mg prn so they monitored her sleep pattern and she really wasn't sleeping and when it (Trazodone 100 mg) finally came in from the pharmacy they started giving it to her nightly. So that's the explanation for that ma'am." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS	V 366		

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V 366	Continued From page 4 (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 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;	V 366		

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V 366	Continued From page 5 (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 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	V 366		

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V 366	Continued From page 6 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 record reviews and interviews the facility failed to document their response to a level II incident as required. The findings are: Refer to tag V367 for details: - An incident involving local law enforcement occurred 6/18/23; clients #1 and #2 were in a fight. - Client #2 was arrested following the incident on 6/18/23. - Level II incident reports were not completed as required. During interviews on 6/22/23 and 6/23/23 the RN/QP/L stated: - On 6/18/23 clients #1 and #2 had a fight and "the staff was unable to de-escalate the client." - She talked with client #2 via telephone and "could tell she wasn't listening to me and I called for police assistance."	V 366		

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V 366	Continued From page 7 - The local police arrived and "handled the situation." - Clients #1 and #2 were involved in the incident; client #2 was arrested when she exhibited threatening behaviors and the police saw her bump into the staff person. - The fight between client #1 and client #2 was "something about some cheese." - The clients' guardians were notified of the incident and client #2's guardian was notified of her arrest and detention. - Client #2's guardian "wanted to know where she was and what happened and that's it." - An incident report "was done" by the QPT on 6/20/23; "he's probably going to have to go back in and add information and re-submit because he didn't get the thumbs up. He didn't know about the thumbs up; so he's going to come in after work and re-submit it today (6/22/23)." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	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	Continued From page 8 Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (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: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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	V 367		

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V 367	Continued From page 9 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). (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: (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. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure level II incident reports were submitted within 72 hours as required. The findings are:	V 367		

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V 367	Continued From page 10	V 367		

Review on 6/22/23 of the North Carolina Incident Response Improvement System (IRIS) revealed no level II or level III incident reports were submitted by the facility 4/1/23 - 6/22/23.

Review on 6/23/22 of IRIS revealed level II incident reports submitted 6/22/23 at 11:13 pm and 11:48 pm for clients #1 and #2.

Review on 6/22/23 of client #1's record revealed:
- 24 year old female admitted 1/15/21.
- Diagnoses included Schizophrenia, Depression, and Bipolar Disorder.
- Legal Guardian was her home county Department of Social Services (DSS).

During interview on 6/22/23 client #1 stated she wanted some cheese for her food and client #2 "got mad" and beat her up.

Review on 6/22/23 of client #2's record revealed:
- 23 year old female admitted 2/08/21.
- Diagnoses included Schizoaffective Disorder, bipolar type with mania and psychotic features; Post Traumatic Stress Disorder; and Intellectual/Developmental Disability, mild.
- Legal Guardian was her home county DSS.

Telephone contact with client #2's DSS Guardian Representative/Social Worker was attempted 6/23/23; the Guardian Representative/Social Worker was not available.

During interview on 6/22/23 the House Manager stated:
- Client #2 was "locked up in jail."
- Client #2 was arrested 6/18/23 following an incident that involved client #1.
- She was not at work at the time of the incident, but she did see video footage of the altercation

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between client #1 and client #2.
- She was not aware of any other incidents that required law enforcement involvement in April or May 2023.
- The Registered Nurse/Qualified Professional/Licensee "fills out all the paperwork when we tell her we had to call the police, so she can properly write it up without any grammar mistakes."

During interview on 6/23/23 the Qualified Professional Trainee (QPT) stated:
- He spoke with staff and the RN/QP/L about the incident on 6/18/23.
- He submitted a level II IRIS report on 6/19/23 but didn't get confirmation that it was successfully submitted.
- He learned on 6/19/23 that the report was not successfully submitted; he did not know if the operating system of the computer he used to submit the report was compatible with the IRIS system.

During interviews on 6/22/23 and 6/23/23 the RN/QP/L stated:
- On 6/18/23 clients #1 and #2 had a fight and "the staff was unable to de-escalate the client."
- She talked with the client via telephone and "could tell she wasn't listening to me and I called for police assistance."
- The local police arrived and "handled the situation."
- Clients #1 and #2 were involved in the incident; client #2 was arrested when she exhibited threatening behaviors and the police saw her bump into the staff person.
- The fight between client #1 and client #2 was "something about some cheese."
- The clients' guardians were notified of the incident and client #2's guardian was notified of

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V 367	Continued From page 12 her arrest and detention. - Client #2's guardian "wanted to know where she was and what happened and that's it." - An incident report "was done" by the QPT on 6/20/23; "he's probably going to have to go back in and add information and re-submit because he didn't get the thumbs up. He didn't know about the thumbs up; so he's going to come in after work and re-submit it today (6/22/23)." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 367		
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, orderly manner and free from offensive odors. The findings are: Observations on 6/22/23 between 9:35 am and 11:45 am revealed: - A strong foul odor upon entering the facility, most prevalent in the front room. - A smoke detector beeped at regular intervals. - The front living room: a nail in the corner near	V 736		

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the television; an air filter grate in the front room was bent and appeared dusty; the sofa and love seat were covered with ill-fitting slip covers; the finish on the wooden furniture was scratched and worn; blue painters tape stuck to the wall beside the television; a rusty air vent cover at the end of the love seat and dead insects on the top edge of the baseboard; the coffee that had another table on top of it under the tv had a knob missing.
- An approximately 4 inch oval shaped hole, consistent with the shape of a door handle, in the hall wall behind the living room door.
- Hall bathroom: a broken wooden paper towel holder on the wall; cracked floor tiles; rusty air vent cover; black matter on top of the baseboards; a large strip of white tape approximately 6 inches wide across the width of the toilet tank and hanging down on each side of the tank; balled up paper towel in the corner by the sink/vanity; heavy black staining n the shower tiles and grout; black staining on the shower curtain rod; the decorative ring on the shower head was separated from the shower wall.
- Kitchen: the finish on the wooden cabinets was worn; a drawer next to the sink was off track and hanging down into the cabinet space below; white powder and black matter in an upper cabinet near the window.
- Client #1 and #3's bedroom: various items, including a cardboard television box, storage box, a pillow and clothing stacked in the closet; paint peeled off the walls.
- Client #2's bedroom: clothing strewn about the floor; the closet door hinge was broken; various items including a cardboard television box stacked in the closet; a hole the size of the door knob in the wall next to the closet door; an approximate 12 inch hole in the wall on the side of the closet; white plastered area on the blue wall: organic debris inside the ceiling light fixture

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL040-055	A. BUILDING: _____ B. WING _____	R-C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDWARDS GROUP HOME #6	710 WEST HARPER STREET SNOW HILL, NC 28580

(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 736	Continued From page 14 globe. Observations on 6/23/23 between 1:30 pm and 1:40 pm revealed client #2's bedroom had a strong bleach odor. During interviews on 6/22/23 and 6/23/23 the Registered Nurse/Qualified Professional/Licensee stated: - The odor noted upon entrance was an insecticide used to kill fire ants; it was spread outside of the facility and smelled like "rotten cabbage." - What one person would consider offensive might not be offensive to someone else. - The tape on the toilet tank cover was to prevent the clients from lifting the cover and tampering with the plumbing and so the clients wouldn't use the cover as a weapon. - The clients liked to keep the boxes their televisions came in. - She had staff clean the debris from the kitchen cabinet, the stains in the shower, and client #2's bedroom. - The maintenance staff was scheduled to make repairs to the walls within the next week. - She had staff changed the batteries in the smoke detector. This deficiency has been cited 4 times since the original cite on 11/05/21 and must be corrected within 30 days.	V 736		