

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL042-087</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/26/2023</b>
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NAME OF PROVIDER OR SUPPLIER <b>FAMILY ADVANTAGE, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>289 WADE ROAD</b> <b>SCOTLAND NECK, NC 27874</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on May 26, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> <li>(1) general organizational orientation;</li> <li>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</li> <li>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</li> <li>(4) training in infectious diseases and bloodborne pathogens.</li> </ol> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their</p>	V 108	<p>Corrected Measures:</p> <p>Measures put in place to correct deficient Compliance Director retrained on Family Advantage Policies and Procedures on Professionalism at the work place. Trainings and supervision for all staff will continue and trainings will occur prior to hiring of staff. Compliance Director file will be kept in a locked file cabinet at both facilities. Trainings will include Training certifications in CPR, First Aid, and NCI trainer curriculum. Agency Compliance Officer's NC certified Red Cross, the American Heart Association First Aid and CPR trainer.</p> <p>Family Advantage Agency has contracted with Express Care Pharmacy trainers to ensure all staff receive Medication Administration, Bloodborne Pathogens Measure to prevent the problem from occurring again.</p> <p>* License Professional (LP) will conduct clinical trainings for all staff monthly, random checks will be made to ensure clients safely and staff personnel charts are met at all times. Compliance Director is a trainer for the Red Cross, the American Heart Association First Aid and CPR. Compliance Director is certified as an NCI Plus a certified North Carolina Intervention Trainer listed on the NC DHHS list of trainers in the eastern division of the state. Compliance Director personnel record will meet all personnel requirements.</p>	June 11, 2023

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STATE FORM

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If continuation sheet 1 of 23

## Division of Health Service Regulation

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V 108	Continued From page 1  equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide MH/DD/SA client specific trainings for 1 of 3 audited staff (The Compliance Director). The findings are:  Review on 5/23/23 of the Compliance Director's record revealed: - No documentation of MH/DD/SA client specific trainings  During interview on 5/23/23 the Compliance Director reported: - Her personnel record was at the Sister Facility - "If I go to Pleasant Hill (location of Sister Facility) to get my record I'm not coming back"	V 108	Trainings were maintained on First Aid and CPR for all employees. All employee charts will be audited quarterly or as needed to ensure all staff have been properly trained. All staff trainings are posted for all staff to be informed and to attend if they plan to continue employment with Agency.  Who monitor the situation to ensure it will not occur again. *Monitoring will occur by the QP, Owner, and LP. How often the monitoring will take place. *Monitoring will take place at least weekly by QP and LP as often as needed. Compliance Director will monitor quarterly and as often as needed. Owner will monitor Daily.  Measures put in place to correct deficient	
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not	V 111	*Family Advantage shall comply with 27G .0205 (A-B) Assessment/ Treatment/ Habilitation Plan standard/policy. An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services.	June 11, 2023

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V 111	<p>Continued From page 2</p> <p>be limited to:</p> <ol style="list-style-type: none"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ol> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to complete admission assessments for 2 of 2 audited current clients (#1 &amp; #2) and 1 of 1 former client (FC #8). The findings are:</p> <p>Record review on 5/23/23 of client #1's record revealed: - Admitted 4/18/23</p>	V 111	<p>Measure to prevent the problem from occurring again. *Documentation shall be maintained of all Assessment and Treatment Habilitation and submitted to the Quality Improvement Committee (QA/QI) for review prior to admissions . All assessments would be stored and available in the staff office.</p> <p>Who will monitor the situation to ensure it will not occur again *Monitoring will occur by the LP, QA/QI Committee and owner.</p> <p>How often the monitoring will take place. *Monitoring will take place at least weekly by Compliance Director and LP and as often as needed. Quality Improvement Committee review chart quarterly or as often as needed. License Professional (LP) and (COO) will monitor Daily</p>	
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V 111	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- Diagnoses of Posttraumatic Stress Disorder (PTSD), Attention Deficit/Hyperactivity Disorder (ADHD), combined presentation, moderate, Intermittent Explosive Disorder, child physical abuse and neglect child sexual abuse</li> <li>- No admission assessment</li> </ul> <p>Record review on 5/23/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 8/18/22</li> <li>- Diagnoses of Oppositional Defiant Disorder, ADHD, PTSD, Obsessive Compulsive Disorder (OCD), Insomnia, Anxiety, Depression, and prediabetic</li> <li>- No admission assessment</li> </ul> <p>Record review on 5/23/23 of FC #8's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 1/19/23 and discharged 3/27/23</li> <li>- Diagnoses of Conduct Disorder, Disruptive Mood Dysregulation Disorder, PTSD, and child physical abuse</li> <li>- No admission assessment</li> </ul> <p>During interview on 5/23/23 the Associate Professional (AP) reported:</p> <ul style="list-style-type: none"> <li>- Did not recall if admission assessments were completed</li> </ul> <p>During interview on 5/24/23 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- The Mental Health Counselor was responsible for ensuring admission assessments were completed</li> </ul> <p>During interview on 5/25/23 the Director reported:</p> <ul style="list-style-type: none"> <li>- Admissions assessments were completed within the client's first week of being admitted</li> <li>- The Mental Health Counselor was responsible for completing admission</li> </ul>	V 111		

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V 111	Continued From page 4 assessments - Admission assessments for client #1, #2, and former client #8 were completed electronically - "Everything is electronic now"	V 111		
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	Corrected Measures:  All consumer charts will be thoroughly reviewed to ensure all requirements met by the staff prior to start date. All potential consumer assessment/treatment/habilitation documents must be signed and dated in the consumer chart. All consumer(s) charts will meet requirement as outline in rule 27G .0205 (C-D) 10A NCAC. QIQA will incorporate.  Preventive Measures: Family Advantage will ensure all assessments are complete for each prospective consumer before admission. QP will review all individual Personal Center Plan. In the future, all consumer chart will be properly meet all experience treatment requirements before the time of providing services and will be reviewed by the Director of Operations and consist must be signed by all appropriate team members involved. All personnel records will be audited by QAQI as recommended by the Department of Health and Human Services and Manage Care Organization to maintain accuracy of all members Treatment Plans.	June 23, 2023

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V 112	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure goals and strategies were developed to meet the needs of 1 of 2 audited current clients (#1). The findings are:</p> <p>Record review on 5/23/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 4/18/23</li> <li>- Diagnoses of Posttraumatic Stress Disorder (PTSD), Attention Deficit/Hyperactivity Disorder (ADHD), combined presentation, moderate, Intermittent Explosive Disorder, child physical abuse and neglect child sexual abuse</li> <li>- Treatment plan dated 3/23/23 with no goals or strategies listed to address bedwetting</li> </ul> <p>During interview on 5/23/23 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Staff woke client #1 at 12am to use the restroom daily</li> </ul> <p>During interview on 5/24/23 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- She was unaware of a toileting schedule for client #1</li> <li>- Client #1 loved to drink water</li> <li>- Staff encouraged client #1 to minimize the amount of water he consumed after 7pm to prevent frequent urination and bedwetting at night</li> <li>- Had no knowledge of staff waking client #1 up to use the restroom at night</li> </ul>	V 112	<p>Trainings: Executive Director will facilitate an professional development on Provider Requirement/Recordkeeping documentation on June 23, 2023 at 6 pm via Dialpad meeting to ensure compliance with rule 27G .0205 10A NCAC. The content of the training will cover purpose, policy and procedures for Assure Assessment and Treatment Plans and Recordkeeping Documentation to ensure all consumer(s) charts will have a working knowledge of the requirements.</p> <p>Who Will Monitor: LP, QP, QIQA Director/Compliance Officer will monitor/review Provider Requirement and all consumer chart prior to admission. This process to ensure there are goals to match each individual treatment, they will be reported to the QIQA Committee for revision to ensure compliance.</p> <p>How Often: QP Director will monitor/review member Treatment Plan process on a monthly basis or as much as needed to ensure compliance to rule 27G .0205 10A NCAC. and report any findings to the QIQA Committee, Executive Director and Board of Directors.</p>	
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:</p>	V 118		June 12, 2023

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V 118	<p>Continued From page 6</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.</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 observations, record review and interviews the facility failed to administer medications on the written order of a physician for 2 of 2 audited current clients (#1 &amp; #2). The facility also failed to ensure medications were</p>	V 118	<p>Corrected Measures: Immediately the Express Care Pharmacist, Family Advantage, LLC Program Director and the Qualified Professional reviewed all current client QuickMARS to ensure all files contained a drug regimen is completed and maintain every six months or as needed; per rule 10A NCAC 27G .0209.</p> <p>Express Care Pharmacist and Qualified Professional will audit each record to ensure compliant with rule 10A NCAC 27G .0205. Family Advantage's medication regimen will be stored at the facility office. All prescription or non pr-prescription drugs will be administered to clients on the written order sign by authorized doctor and documented in QuickMARS.</p> <p>Preventive Measures: 1. All employee packages will be a daily audit on current clients medications to ensure all medications are stored properly in the facility. 2. Signed and completed drug regimen will be filed in the QuickMARS client record file.</p>	
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V 118	Continued From page 7  available in the facility and that all the MAR was kept current affecting 1 of 2 audited current clients (#2). The findings are:  A. Record review on 5/23/23 of client #1's record revealed: - Admitted 4/18/23 - Diagnoses of Posttraumatic Stress Disorder (PTSD), Attention Deficit/Hyperactivity Disorder (ADHD), combined presentation, moderate, Intermittent Explosive Disorder, child physical abuse and neglect child sexual abuse - No signed physician orders for the following medications: - Fluoxetine HCL 10 milligram (mg) take 1 capsule (cap) by mouth (PO) everyday (depression) - Risperidone .25 mg take 1 tablet (tab) PO two times a day (BID) (mood/behavior) - Levothyroxine 88 microgram (mcg) take 1 tab PO every day except Sunday (thyroid)  Record review on 5/23/23 of client #2's record revealed: - Admitted 8/18/22 - Diagnoses of Oppositional Defiant Disorder, ADHD, PTSD, Obsessive Compulsive Disorder (OCD), Insomnia, Anxiety, Depression, and prediabetic - No signed physician orders for the following medications: - Vitamin D3 2,000 units take 1 cap PO every morning (supplement) - Guanfacine HCL 1 mg take 1 tag PO daily (hyperactivity) - Levetiracetam 500 mg take 1 tab PO BID (seizures)  During interview on 5/23/23 the Associate Professional (AP) reported:	V 118	3. QuickMARS chart audits will be performed quarterly by the QP / Residential Manager to ensure that all required documents are signed and dated. A check list will be instituted and will be kept in file identifying completion and items needed. Program Director will ensure that all best practices in Human Resources are instituted in the Family Advantage culture through research and through our CARF accreditation family.  4. Family Advantage Executive Director will contact Express Care to receive a signed copy of all members physicians orders.  5. All physician orders will be kept in the clients records as requested by the DHSR during the annual monitoring/follow-up.	

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V 118	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>- Physician orders were put into their "system" once received</li> <li>- Physician orders should be kept in client records</li> </ul> <p>During interview on 5/24/23 of Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- Was not aware physician orders were no in client records</li> <li>- Spoke with Compliance Director about keeping physician orders in a separate notebook</li> </ul> <p>B. Review of client #2's March, April, and May 2023 MAR revealed:</p> <ul style="list-style-type: none"> <li>- Melatonin 5 mg take 1 tab PO every night at bedtime as needed (sleep)</li> <li>- Melatonin not administered in the months of March, April, and May of 2023</li> </ul> <p>Observation at 12:13pm on 5/23/23 of client #2's medication bin revealed:</p> <ul style="list-style-type: none"> <li>- Melatonin 5 mg was not present in the facility</li> </ul> <p>During interview on 5/23/23 the AP revealed:</p> <ul style="list-style-type: none"> <li>- Client #2's Melatonin was not in the facility</li> <li>- Did not recall why the medication was not in the facility</li> </ul> <p>During interview on 5/24/23 the QP revealed:</p> <ul style="list-style-type: none"> <li>- She was responsible for checking medications and MARs</li> <li>- She was aware the Melatonin was not in the facility</li> <li>- She noticed the missing medication on 5/22/23</li> <li>- She "immediately" notified the Compliance Director of the missing medication</li> <li>- Did not know how long the medication was missing</li> </ul>	V 118	<p>Trainings: Lucy from express care pharmacy, Program Director/Manager,</p> <p>LP, QP, and QA/QI director facilitated a quality review/training of all current client QuickMAR file to ensure all current employees properly sign and credentialed documentation correctly. Training will be held at the facility and via Dialpad on June 22, 2023. Ensure all orders are sign electronically or wet signature by the doctor prescribing medications</p> <p>The content of the training/review covered purpose, policy and procedures for properly following physicians orders. The review revealed all current staff were properly matching the physicians orders, and in compliant with 10A NCAC 27G .0209. Finally, proper way to ensure that all medication is located at the facility as prescribe by physician on the Rx.</p>	

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V 118	Continued From page 9  C. Observation at 12:13pm on 5/23/23 of client #2's medication bin revealed: - Hydroxyzine Pam 100 mg take 1 cap PO every morning (anxiety/agitation) (8/1/23)  Review of client #2's March, April, and May 2023 MARs revealed: - Hydroxyzine Pam 50 mg take 1 cap PO BID daily as needed (PRN) documented on each MAR - Hydroxyzine Pam 50 mg was documented as administered 1 day in April 2023 - Hydroxyzine Pam 50 mg was documented as administered 14 days in May 2023  During interview on 5/23/23 the AP revealed: - The Hydroxyzine Pam 50 mg should have been discarded - Discarded medications were sent back to the pharmacy - He could not recall why the medication was still in the facility	V 118		
V 122	27G .0209 (G) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (g) Medication education: (1) Each client started or maintained on a medication by an area program physician shall receive either oral or written education regarding the prescribed medication by the physician or their designee. In instances where the ability of the client to understand the education is questionable, a responsible person shall be provided either oral or written instructions on behalf of the client. (2) The medication education provided shall be sufficient to enable the client or other responsible	V 122	Corrected Measures: Immediately the Express Care Pharmacist, Family Advantage, LLC Program Director and the Qualified Professional reviewed all current employee QuickMARS to medication administration training; per rule 10A NCAC 27G .0209.  Express Care Pharmacist and Qualified Professional will audit each record to ensure compliant with rule 10A NCAC 27G .0209. Family Advantage's medication regimen will be stored at the facility office. All employees will continue professional development in medication education	

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STATE FORM

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If continuation sheet 10 of 26

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			provided shall be sufficient to enable the client or other and educated ongoing in QuickMARS.	
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NAME OF PROVIDER OR SUPPLIER  <b>FAMILY ADVANTAGE, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>289 WADE ROAD</b>  <b>SCOTLAND NECK, NC 27874</b>
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<p>V 122</p>	<p>Continued From page 10</p> <p>person to make an informed consent, to safely administer the medication and to encourage compliance with the prescribed regimen. (3) The area program physician or designee shall document in the client record that education for the prescribed psychotropic medication was offered and either provided or declined. if provided, it shall be documented in what manner it was provided (either orally or written or both) and to whom (client or responsible person).</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 3 audited staff (The Compliance Director) had medication administration training. The findings are:</p> <p>Review on 5/23/23 of the Compliance Director's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- No documentation for medication administration training</li> </ul> <p>During interview on 5/23/23 the Compliance Director reported:</p> <ul style="list-style-type: none"> <li>- She did not have a personnel record for trainings</li> <li>- She was the instructor for staff trainings</li> <li>- Her personnel record was at the Sister Facility</li> <li>- "If I go to Pleasant Hill (location of Sister Facility) to get my record I'm not coming back"</li> </ul>	<p>V 122</p> <p>Preventive Measures:</p> <ol style="list-style-type: none"> <li>1. All employee charts will be a daily audit on medications to ensure all medications are properly trained in Medication education.</li> <li>2. Trainings in medication education will be filed in each employee chart and in QuickMARS each employee will have individualized accounts.</li> </ol> <p>Who will monitor the situation to ensure it will not occur again *Monitoring will occur by the QP, AP, QA/QI Committee and LP.</p> <p>How often the monitoring will take place. *Monitoring will take place at least weekly by QP and LP and as often as needed. Quality Improvement Committee review chart quarterly or as often as needed. Associate Professional (AP) will monitor Daily</p>	<p>June 16, 2023</p>
<p>V 131</p>	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL</p>	<p>V 131</p> <p>Corrected Measures:</p> <p>All employee charts will be thoroughly</p>	<p>June 16, 2023</p>

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			reviewed to ensure all requirements met by the staff prior to start date. All employee must have HCPR check. All consumer(s) charts will meet requirement as outline in rule G.S. 131E-256 (D2) HCPR - Prior Employment Verification
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<p>V 131</p>	<p>Continued From page 11</p> <p><b>REGISTRY</b> (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to provide a Health Care Personnel Registry (HCPR) check for 1 of 3 audited staff (The Compliance Director). The findings are:</p> <p>Review on 5/23/23 of the Compliance Director's record revealed:</p> <ul style="list-style-type: none"> <li>- No HCPR check</li> </ul> <p>During interview on 5/23/23 the Compliance Director reported:</p> <ul style="list-style-type: none"> <li>- Her HCPR check was completed</li> <li>- Her personnel record was at the Sister Facility</li> <li>- "If I go to Pleasant Hill (location of Sister Facility) to get my record I'm not coming back"</li> </ul>	<p>V 131</p>	<p><b>Preventive Measures:</b> Family Advantage will ensure before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>Owner will ensure that all files are at each facility. Prior to hiring any employee health care personnel will be stored in the facility file cabinet. LP, QP, and Director will insure every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>*Monitoring will take place at least weekly by QP and LP as often as needed. Compliance Director will monitor quarterly and as often as needed. Owner will monitor quarterly.</p>	<p>June 16, 2023</p>
<p>V 133</p>	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health,</p>	<p>V 133</p>		
<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>		<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL042-087</b></p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/26/2023</b></p>
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V 133	Continued From page 12 developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check	V 133	Preventive Measures: Family Advantage will ensure before hiring criminal history record and check required for certain applicants for employment. The national criminal history record check shall include a check of the applicant's fingerprints. Every employer at a health care facility shall have a background check completed yearly and shall be kept at each facility in the appropriate business files.  Owner will ensure that all files are at each facility. Prior to hiring any employee criminal background check will be stored in the facility file cabinet. LP, QP, and Director will insure every employer; hence, if the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. Family Advantage will not employ an applicant who refuses to consent to a criminal history record check required by this section the Criminal Records Check and shall note each incident of access in the appropriate business files.  *Monitoring will take place at least weekly by QP and LP as often as needed. Compliance Director will monitor quarterly and as often as needed. Owner will monitor quarterly.	
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V 133	Continued From page 13  Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be	V 133		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL042-087</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/26/2023</b>
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V 133	Continued From page 14  filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A,	V 133		
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V 133	Continued From page 15  Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to	V 133		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL042-087</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/26/2023</b>
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V 133	<p>Continued From page 16</p> <p>obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:                  (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.                  (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by:                  Based on record review and interview the facility failed to provide a criminal background check for 1 of 3 audited staff (The Compliance Director).                  The findings are:</p> <p>Review on 5/23/23 of the Compliance Director's record revealed:                  - No criminal background check</p> <p>During interview on 5/23/23 the Compliance Director reported:                  - Her criminal background check was completed                  - Her personnel record was at the Sister Facility                  - "If I go to Pleasant Hill (location of Sister Facility) to get my record I'm not coming back"</p>	V 133		
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<p>V 300 V 300</p>	<p>Continued From page 17 27G .1708 Residential Tx. Child/Adol - Trans or dischg  10A NCAC 27G .1708 TRANSFER OR DISCHARGE (a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility. (b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule. (c) The facility shall meet with existing child and family teams or other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility. (d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized. (e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge.</p>	<p>V 300 V 300</p>	<p>Measures put in place to correct deficient  *Family Advantage shall comply with 27G .1708 Residential Tx. Child/Adol - Trans or discharge standard/policy. An discharge shall be completed for a client, according to governing body policy, prior to the transition of services.  Measure to prevent the problem from occurring again. *Documentation shall be maintained of all to address the transfer or discharge of a child or adolescent from the facility for review prior to discharge. All discharge would be stored and available in the staff office.  Who will monitor the situation to ensure it will not occur again *Monitoring will occur by the LP, QA/QI Committee and owner.  How often the monitoring will take place. *Monitoring will take place at least weekly by Compliance Director and LP and as often as needed. Quality Improvement Committee review chart quarterly or as often as needed. License Professional (LP) and (COO) will monitor monthly or as needed.</p>	<p>June 17, 2023</p>
<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL042-087</b></p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED  <b>R 05/26/2023</b></p>	
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V 300	<p>Continued From page 18</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure a discharge summary was completed for 1 of 1 former client (FC #8). The findings are:</p> <p>Record review on 5/23/23 of FC #8's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 1/19/23 and discharged 3/27/23</li> <li>- Diagnoses of Conduct Disorder, Disruptive Mood Dysregulation Disorder, Posttraumatic Stress Disorder (PTSD), and child physical abuse</li> <li>- No discharge summary</li> </ul> <p>During interview on 5/23/23 the Associate Professional (AP) reported:</p> <ul style="list-style-type: none"> <li>- FC #8 was discharged 3/27/23</li> <li>- He was unable to find FC #8's discharge summary</li> <li>- The Director was responsible for completing discharge summaries</li> </ul> <p>During interview on 5/26/23 the Director reported:</p> <ul style="list-style-type: none"> <li>- Discharge meetings were held monthly</li> <li>- A discharge summary was completed when a client was discharged from the facility</li> <li>- The Qualified Professional (QP) was responsible for completing discharge summaries</li> <li>- He was the acting QP at the time of FC #8's discharge</li> <li>- He completed the discharge summary for FC #8</li> <li>- The discharge summary was completed electronically</li> <li>- The discharge summary was located as an attachment in an electronic document</li> </ul>	V 300		
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<p>V 540 V 540</p>	<p>Continued From page 19</p> <p>27F .0103 Client Rights - Health, Hygiene And Grooming</p> <p>10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING</p> <p>(a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:</p> <p>(1) opportunity for a shower or tub bath daily, or more often as needed;</p> <p>(2) opportunity to shave at least daily;</p> <p>(3) opportunity to obtain the services of a barber or a beautician; and</p> <p>(4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil.</p> <p>(b) Bathtubs or showers and toilets which ensure individual privacy shall be available.</p> <p>(c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to assure 1 of 2 audited current clients (#1) maintained their rights to privacy. The findings are:</p> <p>Record review on 5/23/23 of client #1's record revealed:</p>	<p>V 540 V 540</p>	<p>Measures put in place to correct deficient</p> <p>*Family Advantage will make sure each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. in good repair for client usage and maintain safe livable safe enjoyment at all times.</p> <p>*All items have been returned to appropriate working order. Bedroom two sectional glass doors will include covering to client #1's bedroom located beside the facility's living room</p> <p>*Agency has hired a part time maintenance / repair contractor. CEO and LP will conduct a weekly assessment of the home and maintain a safe, clean, attractive environment. Staff was been provided with a work order sheet to update home owner of any repair(s) so all repairs are done in a timely manner.</p>	<p>June 19, 2023</p>
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p><b>MHL042-087</b></p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED</p> <p><b>R</b> <b>05/26/2023</b></p>
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<p>NAME OF PROVIDER OR SUPPLIER</p> <p><b>FAMILY ADVANTAGE, LLC</b></p>	<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p><b>289 WADE ROAD</b> <b>SCOTLAND NECK, NC 27874</b></p>
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<p>(X4) ID PREFIX TAG</p>	<p>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>	<p>ID PREFIX TAG</p>	<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>	<p>(X5) COMPLETE DATE</p>
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Division of Health Service Regulation

<p>V 540</p>	<p>Continued From page 20</p> <ul style="list-style-type: none"> <li>- Admitted 4/18/23</li> <li>- Diagnoses of Posttraumatic Stress Disorder (PTSD), Attention Deficit/Hyperactivity Disorder (ADHD), combined presentation, moderate, Intermittent Explosive Disorder, child physical abuse and neglect child sexual abuse</li> </ul> <p>Observation at 1:08pm on 5/23/23 during the facility tour revealed:</p> <ul style="list-style-type: none"> <li>- Two sectional glass doors with no covering to client #1's bedroom located beside the facility's living room</li> </ul> <p>During interview on 5/23/23 the Associate Professional (AP) reported:</p> <ul style="list-style-type: none"> <li>- The door covering was removed by a previous "socially aggressive" client</li> <li>- Did not recall how long the door did not have a covering</li> </ul> <p>During interview on 5/24/23 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- She noticed client #1's door did not have a covering</li> <li>- "I guess it (the door) always been that way"</li> <li>- She was concerned for client #1's confidentiality</li> </ul>	<p>V 540</p>	<p>Corrected Measures: The agency have purchase new microwave and new paint that did not met facility standards. A General Contractor has been contracted to install new doorknob for bedroom closet doors and fix bed room hinge. As part of the general contractor agreement, he will repair window screen to meet the standards for rule 27G.0303.</p>	<p>June 26, 2023</p>
<p>V 736</p>	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p>	<p>V 736</p>	<p>Corrected Measures: The agency have purchase new microwave and new paint that did not met facility standards. A General Contractor has been contracted to install new doorknob for bedroom closet doors and fix bed room hinge. As part of the general contractor agreement, he will repair window screen to meet the standards for rule 27G.0303.</p>	<p>June 26, 2023</p>

<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL042-087</b></p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/26/2023</b></p>
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<p>NAME OF PROVIDER OR SUPPLIER <b>FAMILY ADVANTAGE, LLC</b></p>	<p>STREET ADDRESS, CITY, STATE, ZIP CODE <b>289 WADE ROAD</b> <b>SCOTLAND NECK, NC 27874</b></p>
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<p>(X4) ID PREFIX TAG</p>	<p>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>	<p>ID PREFIX TAG</p>	<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>	<p>(X5) COMPLETE DATE</p>
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Division of Health Service Regulation

<p>V 736</p>	<p>Continued From page 21</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain a clean and attractive environment. The findings are:</p> <p>Observations at 1:08pm on 5/23/23 during the facility tour revealed:</p> <ul style="list-style-type: none"> <li>- An unpainted patched area located on client #2's bedroom wall</li> <li>- Missing doorknob on client #2's closet door</li> <li>- Client #4's bedroom door did not close properly</li> <li>- Bottom of client #4's door unhinged with missing screws</li> <li>- Window screen located in client #'s bedroom was cut</li> <li>- Over-the-range microwave was removed exposing the vent and a hole in the kitchen wall</li> </ul> <p>During interview on 5/23/23 client #4 reported:</p> <ul style="list-style-type: none"> <li>- Did not recall what happened to his window screen</li> <li>- Could have come from a previous client</li> <li>- He did not cause the damage</li> <li>- He had to "push hard to close the door"</li> <li>- The bottom hinge of the door was coming off</li> <li>- He noticed it a couple of weeks ago</li> <li>- He reported it to staff</li> </ul> <p>During interview on 5/23/23 the Associate Professional (AP) reported:</p> <ul style="list-style-type: none"> <li>- Did not recall how what happened to client #2's closet doorknob</li> <li>- A previous client punched a hole in client #2's wall</li> <li>- He could not recall when the wall was damaged</li> </ul>	<p>V 736</p>	<p>Quality Improvement Quality Assurance Director's (QIQA), overseeing facility and grounds maintenance have been added as part of her duties and responsibilities. The QIQA Director is at the facility on a weekly basis and if any discrepancies are noted during any visits at the facility, The QIQA Director will document address and report the deficiencies/discrepancy (ies) with the Executive Director and to the Board of Directors. All cited facility and grounds deficiencies/discrepancies will be corrected within thirty (30) days. QIQA has completed an in-house checklist that will be used on a weekly basis to identify any facility or ground deficiencies.</p> <p>Preventive Measures: The QIQA Director will incorporate facility and grounds maintenance as part of its internal monthly and quarterly Health and Safety reviews to ensure compliance with 27G.0303. All findings will be reported to the QIQA Committee and forwarded to the Board of Director Committee. The QIQA Director will monitor facility and grounds deficiencies to ensure corrective measures are timely to ensure the agency are in compliant with 27G.0303.</p> <p>Trainings: QIQA Director will facilitate a training with all Direct Care Staff, professionals and management to inform them of protocol of reporting any facility or grounds maintenance deficiencies noted. The facility and grounds maintenance training is scheduled for June 26, 2023 at 6pm via Dialpad to ensure compliant with 27G.0303. The content of the training will cover purpose, policy and procedures for reporting facility and grounds maintenance to proper authority. QIQA Director will also having trainings with the agency's consumer on June 26, 2023 at 4pm to assist with identifying any facility and grounds deficiencies.</p>	
<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p><b>MHL042-087</b></p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED</p> <p><b>R</b> <b>05/26/2023</b></p>	

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER <b>FAMILY ADVANTAGE, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>289 WADE ROAD SCOTLAND NECK, NC 27874</b>		
(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	<p>Continued From page 22</p> <ul style="list-style-type: none"> <li>- He did not notice that client #4's window screen was damaged</li> <li>- The microwave "went out" a few weeks ago and was being replaced</li> </ul> <p>During interview on 5/24/23 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- She would walk through the facility for damages</li> <li>- She reported damages to the Compliance Director</li> </ul>	V 736	<p>Who Will Monitor: Director/Compliance Officer will monitor/review facility and grounds maintenance on a weekly and quarterly basis to ensure there are no weaknesses and if any deficiencies or weaknesses are noted, they will be reported to the Director for revision to ensure compliant of 27G.0303.</p> <p>How Often: QIQA Director will monitor/review Facility and Grounds Maintenance on a daily basis to ensure compliance to 27G.0303 and report any findings to the QIQA Committee, Executive Director and Board of Directors. The Facility and Grounds Maintenance review process "Trigger" will be identified by ANY reports of minor or major damages to the facility or grounds that may be considered unsafe, unclean, unattractive or un-sanitized.</p>	