

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/17/2023
NAME OF PROVIDER OR SUPPLIER DIVINE SUPPORTIVE HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 3905 MARSH CREEK ROAD RALEIGH, NC 27604		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow up survey was completed on July 17, 2023. 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 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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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 record review and interview, the facility failed to develop and implement goals and strategies to meet the needs of 1 of 3 audited clients (#6). The findings are:</p> <p>Review on 6/28/23 of client #6's record revealed:</p> <ul style="list-style-type: none"> - Admitted 12/23/21 - Diagnoses of Schizoaffective Disorder - Bipolar Type, Borderline Intellectual Functioning, Hypertension, Hypothyroidism, and Benign Prostatic Hyperplasia - Progress note written by the Qualified Professional (QP) dated 3/13/23: "[Client #6] displayed aggression towards staff. He refused to listen redirection from GH (group home) staff. [Client #6] then began t make threats and comitted battery against the staff. He struck her (Home Manager) in the chest area causing pain and terror. [Client #6] pointed his finger in staff face makes verbal threats toward staff. Incident 3/9/23 @ 1pm. (afternoon)" - Treatment plan dated 12/20/22: No goals or strategies to address noncompliance or verbal and physical aggression <p>During interview on 6/28/23 client #2 reported:</p> <ul style="list-style-type: none"> - Client #6 was a "knuckle head sometimes...doesn't listen and usually yells" - The Home Manager "complains about him a lot" - Client #6 and the Home Manager argued and 	V 112		

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V 112	<p>Continued From page 2</p> <p>"he (client #6) be talking mess"</p> <p>During interview on 6/28/23 client #6 reported:</p> <ul style="list-style-type: none"> - He had behaviors of "verbal and physical aggression" - "I fight with staff" - He was trying to work on his behaviors in the home <p>During interview on 6/28/23 the Home Manager reported:</p> <ul style="list-style-type: none"> - Did not recall any of the clients' goals in their treatment plan - "[Client # 4] don't have any goals in the house" - She completed all of the housework and did everything for the clients - Client #6 attacked her on 3/8/23 and hit her in the chest - That incident was the only time client #6 was physically aggressive with her - She called the Licensee and the Qualified Professional (QP) to report the incident - The QP and the Licensee spoke with client #6 about the incident and he (client #6) stated that "he was just upset" <p>During interview on 6/29/23 the QP reported:</p> <ul style="list-style-type: none"> - She was responsible for completing and updating clients' treatment plans - She was unaware that she "needed to go over the PCP (Person Centered Plan) with staff (Home Manager)" - "They (clients) do have goals to do PCS (Personal Care Service) and assist with chores and hygiene" - She didn't think client #6 was "verbally aggressive" but the clients didn't "act like that" when she was around - Client #6 became physically aggressive with 	V 112		

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V 112	<p>Continued From page 3</p> <p>the Home Manager "that one time"</p> <p>Upon further interview on 7/17/23 the QP reported:</p> <ul style="list-style-type: none"> - She wrote the progress note on 3/13/23 because it was her first time at the facility after the incident that occurred on 3/8/23 - The date "3/9/23" in the progress note was a typo - The licensee previously told her that client #6 had a history of aggression - The Home Manager "recently" told her about client #6's "argumentative" behaviors - Client #6 was "verbally aggressive" towards the Home Manager on two occasions after the incident on 3/8/23 - Last month client #6 argued with the Home Manager about changing his pull up - Last week client #6 got "loud", "yelled", and called the Home Manager a "B***H" when she (Home Manager) was fixing his plate. Client #6 grabbed and threw his food at the Home Manager - The Licensee talked to client #6 about his behaviors but she did not know what was said during those conversations - She did not recall how long client #6's behaviors had been going on <p>During interview on 6/30/23 the Licensee reported:</p> <ul style="list-style-type: none"> - The previous QP was responsible and trained the Home Manager on the clients' treatment plans - The Home Manager should know the clients' goals - He could not provide documentation for the training the Home Manager received on the clients' treatment plans - The QP was responsible for updating clients' treatment plans 	V 112		

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V 112	Continued From page 4 - He spoke with client #6 "periodically" about being aggressive towards the Home Manager - "His (client #6) guardian begged me to keep him because he was disruptive in his previous placements" Upon further interview on 7/17/23 the Licensee reported: - Client #6 was "defiant and verbally aggressive", "noncompliant", and had a history of physical aggression - Client #6 got upset and would start "name calling" whenever the Home Manager requested him to do "something" such as chores - Client #6 hit staff with a belt at his former placement - "This is the longest [client #6] has stayed in a placement due to his behaviors" - Client #6's former Primary Care Physician banned him from their property due to his behaviors - Last week client #6 was disruptive and threw his food at the Home Manager, attempted to fight another client, and defecated on the floor - He witnessed client #6 argue with the Home Manager - He talked to client #6 about his behaviors and encouraged him to "listen" to the Home Manager - Client #6's behaviors have increased since 3/8/23 but he did not recall when his behaviors started in the facility	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes:	V 113		

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V 113	Continued From page 5 (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.	V 113		

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V 113	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to have a signed consent to seek emergency treatment from a hospital or physician for 2 of 3 audited clients (#2 and #4) and failed to show documentation of services provided for 1 of 3 audited clients (#6). The findings are:</p> <p>A. Review on 6/28/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted 8/29/05 - Diagnoses of Schizophrenia Disorder, Anxiety Disorder, Hypertension, Chronic Obstructive Pulmonary Disease, Hyperlipidemia, Pre-diabetes, and fecal incontinence or soiling - No signed consent from client's guardian to seek emergency treatment <p>Review on 6/28/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 12/20/19 - Diagnosis of Schizophrenia Disorder-Bipolar Type - No signed consent from client's guardian to seek emergency treatment <p>During interview on 6/29/23 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - She was responsible for maintaining the client records - She thought the consent for emergency treatment was already in the client records <p>During interview and observation on 6/30/23 at 10:45am the Licensee reported:</p> <ul style="list-style-type: none"> - He and the QP were responsible for obtaining the consent for emergency treatment 	V 113		

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V 113	<p>Continued From page 7</p> <ul style="list-style-type: none"> - He looked through the clients' record to find the consent - He thought the consents for emergency treatment were in the clients' records but he could not find them - The QP "should have the consents" and was going to bring them to the facility on her "lunch break" <p>The facility failed to provide the consents granting permission to seek emergency treatment prior to the exit of the survey.</p> <p>B. Review on 6/28/23 of client #6's record revealed:</p> <ul style="list-style-type: none"> - Admitted 12/23/21 - Diagnoses of Schizoaffective Disorder - Bipolar Type, Borderline Intellectual Functioning, Hypertension, Hypothyroidism, and Benign Prostatic Hyperplasia - No documentation of client #6's psychiatric appointment <p>During interview on 6/28/23 the Home Manager reported:</p> <ul style="list-style-type: none"> - Client #6 attacked her on 3/8/23 - She scheduled an appointment for client #6 to see his "psychiatrist" after the incident and they changed his medication - She could not recall the exact date of the appointment <p>During interview on 7/17/23 the QP reported:</p> <ul style="list-style-type: none"> - She was responsible for maintaining the clients' records and reviewing after visit summaries - She could not recall when the psychiatrist appointment was or if client #6 went to the appointment - She did not recall seeing an after visit 	V 113		

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V 113	Continued From page 8 summary for the psychiatrist appointment During interview and observation on 6/28/23 the Licensee reported: - He looked through the client record and could not find the documentation from the psychiatrist appointment - Client #6 went to his psychiatrist appointment Upon further interview on 7/17/23 the licensee reported: - Client #6 went to the psychiatric appointment on 4/10/23 - The after visit summary was in client #6's record - He did not recall seeing the after visit summary and did not know why it was not in client #6's record on 6/28/23	V 113		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.	V 114		

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V 114	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were conducted quarterly for each shift. The findings are:</p> <p>Review on 6/28/23 of the facility's fire and disaster drills documented between 3/30/23-6/2/23 revealed:</p> <ul style="list-style-type: none"> - No documentation of fire drills being conducted in the morning or at night - All fire drills were conducted between 4:15pm and 6:30pm - No documentation of disaster drills being completed <p>During interview on 6/29/23 client #2 reported:</p> <ul style="list-style-type: none"> - Clients "don't do fire drills or tornado drills that much" - Could not recall the last time they (clients) did a fire drill - He went outside for fire drills and got "down in bathroom" for a tornado drill <p>During interview on 6/29/23 client #4 reported:</p> <ul style="list-style-type: none"> - Clients only participated in fire drills - He knew what to do in case of a tornado but "...not from that house" - Usually does fire drills in the afternoons and weekends <p>During interview on 6/29/23 client #6 reported:</p> <ul style="list-style-type: none"> - Clients did not do fire or disaster drills - He knew to go outside for fire drills and go to bathroom and cover his head for a tornado <p>During interview on 6/28/23 the Home Manager reported:</p> <ul style="list-style-type: none"> - She was responsible for conducting fire and 	V 114		

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V 114	<p>Continued From page 10</p> <p>disaster drills</p> <ul style="list-style-type: none"> - Did the fire drills during the day - She activated the fire alarm during disaster drills - "Fire drills and disaster drills are the same thing" - She would "tell them (clients) to cut on the tv (television)" during a tornado - She would tell the clients to go to their rooms "depending on how big the tornado is" - She was unaware of what to do during a tornado <p>During interview on 6/29/23 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - She just learned that she was responsible for training and reviewing fire and disaster drills - "I don't know if any disaster drills were being conducted" - She planned to train the Home Manager on completing fire and disaster drills <p>During interview on 6/28/23 the Licensee reported:</p> <ul style="list-style-type: none"> - The Home Manager was responsible for completing fire and disaster drills - The Home Manager was trained on fire and disaster drills by the previous QP - He could not provide documentation for the training - He reviewed the fire and disaster drill log monthly for "improvement and reality" - He did not have "disasters" listed on the log but he planned to update the log to include types of disasters - Disaster drills included tornados, trees falling on the house, and thunderstorms - Clients and staff were to go into the hallway and get away from windows during a tornado 	V 114		

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V 114	Continued From page 11 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Health Care Personnel Registry (HCPR) check was completed prior to hire for 1 of 1 qualified professional (QP) staff (Qualified Professional). The findings are: Review on 6/28/23 of the QP's record revealed: - Hired 9/8/22 - HCPR check completed 2/19/23 During interview on 6/28/23 the Licensee reported: - He was responsible for completing HCPR checks - "It (the HCPR check) was done when she (QP) was first hired. I cannot find the original"	V 131		

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V 133	Continued From page 12	V 133		
V 133	G.S. 122C-80 Criminal History Record Check 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, 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	V 133		

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V 133	Continued From page 13 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 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:	V 133		

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V 133	<p>Continued From page 14</p> <p>(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 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.</p> <p>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.</p> <p>(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:</p> <p>(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.</p> <p>(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</p>	V 133		

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V 133	Continued From page 15 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, 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.	V 133		

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V 133	<p>Continued From page 16</p> <p>(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.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(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.</p> <p>(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 request a criminal history record check for 1 of 1 qualified professional (QP) staff (Qualified Professional). The findings are:</p> <p>Review on 6/28/23 of the QP's record revealed:</p> <ul style="list-style-type: none"> - Hired 9/8/22 - No documentation of a criminal history record check <p>During interview on 6/29/23 the QP reported:</p>	V 133		

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V 133	Continued From page 17 - The Licensee was responsible for requesting criminal history record checks - She hadn't seen any documentation of a criminal history record check in her personnel record but "it had to be completed" During interview on 6/29/23 the Licensee reported: - The QP's background check was completed - The QP had the criminal history record check with her and was bringing it to the facility today (6/28/23) The facility failed to provide documentation for the QP's criminal history record check prior to the exit of the survey.	V 133		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance	V 290		

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V 290	<p>Continued From page 18</p> <p>abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</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 clients (#6) were assessed and deemed capable of unsupervised time in the community and failed to review and update treatment plans for 2 of 3 audited clients (#2 and #4) to ensure they remained capable of being in the community without supervision. The findings are:</p> <p>Review on 6/28/23 of client #2's record revealed:</p>	V 290		

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V 290	<p>Continued From page 19</p> <ul style="list-style-type: none"> - Admitted 8/29/05 - Diagnoses of Schizophrenia Disorder, Anxiety Disorder, Hypertension, Chronic Obstructive Pulmonary Disease, Hyperlipidemia, Pre-diabetes, and fecal incontinence or soiling - Unsupervised time assessment dated 8/6/19: "Client is recommended for two (2) hours only for community visit...All clients...are required to sign out before going and sign in after return." - Treatment plan dated 5/18/23: No documentation client #2 had approved unsupervised time in the community <p>During interview on 6/29/23 client #2 reported:</p> <ul style="list-style-type: none"> - He had 2 hours of unsupervised time in the community - He used his unsupervised time to go to the store <p>Review on 6/28/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 12/20/19 - Diagnosis of Schizophrenia Disorder-Bipolar type - Unsupervised time assessment dated 12/20/19: "Based on my assessment client will be able to access the community unsupervised for two (2) hours a day for exercise, socialize with peers/family and for recreation." - Treatment plan dated 12/11/22: No documentation client #4 had approved unsupervised time in the community <p>During interview on 6/29/23 client #4 reported:</p> <ul style="list-style-type: none"> - He had 2 hours of unsupervised time in the community - He used his unsupervised time to go shopping <p>Review on 6/28/23 of client #6's record revealed:</p> <ul style="list-style-type: none"> - Admitted 12/23/21 	V 290		

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V 290	<p>Continued From page 20</p> <ul style="list-style-type: none"> - Diagnoses of Schizoaffective Disorder - Bipolar Type, Borderline Intellectual Functioning, Hypertension, Hypothyroidism, and Benign Prostatic Hyperplasia - Treatment plan dated 12/20/22: No documentation client #6 was assessed and approved for unsupervised time in the community <p>During interview on 6/29/23 client #6 reported:</p> <ul style="list-style-type: none"> - He did not have unsupervised time - He could not go out by himself because he "liked to flirt with women" - He rode the bus to the day program without staff <p>During interview on 6/28/23 the Home Manager reported:</p> <ul style="list-style-type: none"> - Client #1 and client #2 had 2 hours of unsupervised time - All clients rode the "bus" to go to their day programs - Could not recall what bus <p>During interview on 6/30/23 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - "I believe they (clients) all have unsupervised time to go to the day program" - Client #2 and client #4 used their unsupervised time to go to the store - The unsupervised time "was already in place when I got there" and "no one said" the unsupervised time assessments were supposed to be reviewed and updated in the clients' treatment plans <p>Upon further interview on 7/17/23 the QP reported:</p> <ul style="list-style-type: none"> - The clients used a local county bus for transport to and from their day programs - Client #2 walked to the city bus stop located 	V 290		

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V 290	Continued From page 21 outside of the facility to go to the store - Client #2 also walked to a store that was located 6-7 blocks away from the facility - She could not recall if client #4 went out on his own During interview on 6/28/23 the Licensee reported: - He and the QP were responsible for completing the unsupervised time assessment - Unsupervised time assessments were completed "every 6 months to a year" - Everyone except client #2 and client #4 had unsupervised time - The clients were on their way to the facility from their day programs - A bus would drop them off at the facility by 5pm - He could not recall what bus but thought it was a local county bus Upon further interview on 7/17/23 the Licensee reported: - The clients used a local county bus for transport to and from their day programs - The Home Manager went with the clients in a taxi to the store - Client #2 used the city bus to go to the store - Clients did not walk to the store	V 290		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:	V 364		

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V 364	Continued From page 22 (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies; (3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals; (4) Make visits outside the custody of the facility unless: a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding; b. The client was voluntarily admitted or committed to the facility while under order of	V 364		

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V 364	Continued From page 23 commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision; (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week; (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and (10) Have access to individual storage space for his private use. (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make	V 364		

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V 364	Continued From page 24 reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies; (4) Receive special education and vocational training in accordance with federal and State law;	V 364		

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V 364	Continued From page 25 (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs; (6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Have access to individual storage space for the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for	V 364		

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V 364	<p>Continued From page 26</p> <p>it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, 3 of 3 audited clients (#2, #4, and #6) could not exercise their right to make calls at all reasonable times. The findings are:</p> <p>Review on 6/28/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted 8/29/05 - Diagnoses of Schizophrenia Disorder, Anxiety Disorder, Hypertension, Chronic Obstructive Pulmonary Disease, Hyperlipidemia, Pre-diabetes, and fecal incontinence or soiling <p>Review on 6/28/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 12/20/19 - Diagnosis of Schizophrenia Disorder-Bipolar type <p>Review on 6/28/23 of client #6's record revealed:</p> <ul style="list-style-type: none"> - Admitted 12/23/21 - Diagnoses of Schizoaffective Disorder - Bipolar Type, Borderline Intellectual Functioning, Hypertension, Hypothyroidism, and Benign Prostatic Hyperplasia <p>During interview on 6/29/23 client #2 reported:</p> <ul style="list-style-type: none"> - He got "5-minute phone calls" a day 	V 364		

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V 364	<p>Continued From page 27</p> <ul style="list-style-type: none"> - They (clients) "don't get no more than 10 minutes" on the phone - They (clients) could make one phone call a day, "sometimes every other day" <p>During interview on 6/29/23 client #4 reported:</p> <ul style="list-style-type: none"> - The "rule" was "one 5-minute call a day...for everybody" - "I mainly use my cellphone" <p>During interview on 6/28/23 the Home Manager reported:</p> <ul style="list-style-type: none"> - "If they (clients) want to use the phone then they have 10-15 minutes for a call" - "Sometimes other people are waiting for the phone" and she wanted to "give everyone a chance to use the phone" <p>During interview on 6/29/23 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - Clients had 5-minute phone calls - 5-minute call limit was already in place when she started - She was unaware clients were only using the phone once a day <p>Upon further interview on 7/17/23 the QP reported:</p> <ul style="list-style-type: none"> - She read the rule on a "consent they do when they come in" - She could not recall if the Home Manager mentioned the 5-minute rule <p>During interview on 6/28/23 the Licensee reported:</p> <ul style="list-style-type: none"> - Clients received "between 10 and 15-minutes" to use the phone - "They (clients) want to call their loved ones and will be on the phone for a long period of time" - "Calls should be limited to 10 to 15-minutes" 	V 364		

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V 364	Continued From page 28 when someone is waiting" - The previous QP had the policy on restricted phone calls but it was not "accessible" to him Upon further interview on 7/17/23 the Licensee reported: - The previous QP wrote the policy on restricted phone calls - He could not recall if the QP took policy with him This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 364			
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 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;	V 367			

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V 367	Continued From page 29 (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 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	V 367		

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V 367	<p>Continued From page 30</p> <p>by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to report a level II incident for 1 of 3 audited clients (#6). The findings are:</p> <p>Review on 6/28/23 of client #6's record revealed:</p> <ul style="list-style-type: none"> - Admitted 12/23/21 - Diagnoses of Schizoaffective Disorder - Bipolar Type, Borderline Intellectual Functioning, Hypertension, Hypothyroidism, and Benign Prostatic Hyperplasia - Progress note dated 3/13/23: "[Client #6] displayed aggression towards staff. He refused to listen redirection from GH (group home) staff. 	V 367		

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V 367	<p>Continued From page 31</p> <p>[Client #6] then began t make threats and comitted battery against the staff. He struck her in the chest area causing pain and terror. [Client #6] pointed his finger in staff face makes verbal threats toward staff. Incident 3/9/23 @ 1pm. (afternoon)"</p> <p>During interview and observation on 6/28/23 at 12:15pm the Home Manager reported:</p> <ul style="list-style-type: none"> - Client #6 attacked her on 3/8/23 - She called the Qualified Professional (QP) and the Licensee to report the incident - The Licensee spoke with client #6 to "calm him down" - "I (Home Manager) told you (QP) to do an incident report and you said that the summary would cover it" - "You are the QP of the home. You were supposed to submit the IRIS (Incident Response Improvement System)" <p>During interview on 6/28/23 the QP reported:</p> <ul style="list-style-type: none"> - She was responsible for submitting level II incidents into IRIS - She was unaware that she needed to submit the incident into IRIS since the Home Manager did not call the police - The Licensee determined when and if an IRIS report was required <p>During interview on 6/28/23 the Licensee reported:</p> <ul style="list-style-type: none"> - The QP was responsible for submitting IRIS reports - The QP should have submitted the incident that occurred on 3/8/23 into IRIS 	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance	V 736		

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V 736	<p>Continued From page 32</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>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe and attractive manner. The findings are:</p> <p>Observation on 6/28/23 at 10:15am revealed:</p> <ul style="list-style-type: none"> - Multiple kitchen cabinet doors would not shut completely, leaving the door approximately 1/2-1 inch ajar - Bathroom #1 floor was soft and sunken in various areas around the sink and vent area - About three inches of the kitchen countertop was broken off - The windows in bedroom #1 and bedroom #2 had white paint along the perimeter of each glass panes from paint <p>During interview on 6/28/23 the Home Manager reported:</p> <ul style="list-style-type: none"> - The home was "old" and she painted the windows to try to make the home "look better" - The licensee was responsible for repairs in the facility - She reported damages to the Licensee but could not recall when <p>During interview on 6/28/23 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - The Licensee was responsible for repairs in the facility <p>During interview on 6/28/23 the Licensee reported:</p>	V 736		

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V 736	<p>Continued From page 33</p> <ul style="list-style-type: none"> - The home was "old" - He got the bathroom floors "fixed" by an independent contractor - He could not recall when the independent contractor fixed the floors but it was "sometime between when you guys (Division of Health Service Regulation) came out last time" - He could not recall where the receipt from the independent contractor was - "They (independent contractor) came and removed excess paint from cabinets...it was out further than this" but he could not recall when - "Part of the countertop is broken off...I'll have the [independent contractor] to come out and fix this" <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		