

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/09/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AGAPE AT HARDIMONT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1120 HARDIMONT ROAD RALEIGH, NC 27609</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on August 9, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</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 equivalence for relieving airway obstruction.</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 2 audited paraprofessional staff (Habilitation Technician (Hab Tech)) received bloodborne pathogens training. The findings are:</p> <p>Review on 7/31/23 of the Hab Tech's record revealed:</p> <ul style="list-style-type: none"> <li>- Hired 10/7/22</li> <li>- No documentation of bloodborne pathogens training</li> </ul> <p>During interview on 8/1/23 the Hab Tech reported:</p> <ul style="list-style-type: none"> <li>- She could not recall the names of her trainings except for Cardiopulmonary Resuscitation (CPR)</li> </ul> <p>During interview on 8/1/23 the Qualified Professional/Director reported:</p> <ul style="list-style-type: none"> <li>- He took ownership of the facility on 12/14/22</li> <li>- The Hab Tech transferred to Agape @ Hardimont from a Sister Facility when he took ownership</li> <li>- He was responsible for ensuring trainings were completed in the facility</li> <li>- He was "busy" at the time the Hab Tech was hired and he thought a third-party agency completed the Hab Tech's bloodborne pathogens training</li> </ul>	V 108		

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V 108	Continued From page 2  - The third-party agency normally gave a certificate of completion for training - The Hab Tech's certificate of completion for bloodborne pathogens was supposed to be in her personnel file	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement a treatment plan for 3 of 3 audited clients (#2, #5, and #6). The findings are:</p> <p>Review on 7/31/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 12/14/22</li> <li>- Diagnoses of Schizoaffective Disorder, Gastroesophageal Reflux Disease (GERD), and Hyperlipidemia</li> <li>- No documentation of a treatment plan</li> </ul> <p>During interview on 8/1/23 client #2 reported:</p> <ul style="list-style-type: none"> <li>- She did not recall having a treatment plan meeting</li> <li>- No one reviewed a treatment plan with her</li> </ul> <p>Review on 7/31/23 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 12/14/22</li> <li>- Diagnoses of Schizoaffective Disorder, GERD, Hypertension, Constipation, Hypertriglyceridemia, and tobacco use</li> <li>- No documentation of a treatment plan</li> </ul> <p>During interview on 8/1/23 client #5 reported:</p> <ul style="list-style-type: none"> <li>- No one reviewed her treatment plan or goals with her</li> <li>- She did not know the goals she was supposed to be working on</li> <li>- She wanted to work on getting a job</li> </ul> <p>Review on 7/31/23 of client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 1/18/22</li> <li>- Diagnoses of Schizoaffective Disorder, Bipolar-Type, Moderate Intellectual Developmental Disability, and tobacco use</li> </ul>	V 112		

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V 112	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- No documentation of a treatment plan</li> </ul> <p>During interview on 8/1/23 client #6 reported:</p> <ul style="list-style-type: none"> <li>- No one reviewed her treatment plan or goals with her</li> <li>- She did not know the goals she was supposed to be working on</li> <li>- She wanted to work on getting her own apartment</li> </ul> <p>During interview on 8/1/23 the Hab Tech reported:</p> <ul style="list-style-type: none"> <li>- She worked for the facility since 12/14/22</li> <li>- She did not know anything about treatment plans</li> <li>- The Qualified Professional (QP)/Director and the Licensee never told her about goals she needed to work on with the clients</li> <li>- She was informed that her duties were to care for clients by cooking, giving clients their medications, doing laundry, and checking their rooms</li> <li>- The clients did not have chores</li> <li>- She cleaned the bedrooms and did the laundry for the clients who could not do it for themselves</li> </ul> <p>During interview on 8/1/23 the QP/Director reported:</p> <ul style="list-style-type: none"> <li>- He took ownership of the facility on 12/14/22</li> <li>- The Hab Tech transferred to Agape @ Hardimont from a Sister Facility when he took over ownership</li> <li>- He was responsible for developing the clients' treatment plans, reviewing the plan with the clients, and training staff on the clients' plans</li> <li>- The treatment team met annually, via phone, to discuss what the clients needed to work on, but he did not have documentation of the meetings</li> <li>- The clients' guardian signed the treatment plan when they came to visit the client</li> </ul>	V 112		

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V 112	Continued From page 5  - The clients knew their goals because he and staff went over their goals everyday - Staff "may tell a client to take a bath and that could be a goal"	V 112		
V 113	27G .0206 Client Records  10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);	V 113		

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V 113	<p>Continued From page 6</p> <p>(B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a signed consent to seek emergency treatment from a hospital or physician and failed to maintain copies of lab tests results for 2 of 3 audited clients (#5 and #6). The findings are:</p> <p>Review on 7/31/23 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 12/14/22</li> <li>- Diagnoses of Schizoaffective Disorder, Gastroesophageal Reflux Disease, Hypertension, Constipation, Hypertriglyceridemia, and tobacco use</li> <li>- No signed consent from client #5's guardian to seek emergency treatment</li> <li>- Physician's order dated 3/21/23 for Clozapine 100 milligram (mg) take 2 tablets (tab) by mouth (PO) in the evening and Clozapine 200mg take 2 tabs PO in the morning and at night (Schizophrenia)</li> <li>- No documentation of lab tests results</li> <li>- A medical record information release form dated 8/1/23 with client #5's signature requesting lab results</li> </ul>	V 113		

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V 113	<p>Continued From page 7</p> <p>During interview on 8/1/23 client #5 reported:</p> <ul style="list-style-type: none"> <li>- She took her medications as prescribed</li> <li>- She went to her doctor's appointments regularly</li> <li>- She got her blood drawn at the facility</li> </ul> <p>Review on 7/31/23 of client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 1/18/22</li> <li>- Diagnoses of Schizoaffective Disorder, Bipolar-Type, Moderate Intellectual Developmental Disability, and tobacco use</li> <li>- No signed consent from client #6's guardian to seek emergency treatment</li> <li>- Physician's order dated 5/30/23 for Lithium Carbonate 300mg take 2 tabs PO twice a day (bipolar disorder)</li> <li>- No documentation of lab tests results</li> <li>- A medical record information release form dated 8/1/23 with client #6's signature requesting lab results</li> </ul> <p>During interview on 8/1/23 client #6 reported:</p> <ul style="list-style-type: none"> <li>- She took her medications as prescribed</li> <li>- She went to her doctor's appointments regularly</li> </ul> <p>During interview on 8/1/23 the Qualified Professional (QP)/Director reported:</p> <ul style="list-style-type: none"> <li>- He was responsible for obtaining consents for the facility</li> <li>- He thought the consents to seek emergency treatment were in the clients' records</li> <li>- He planned to get the consents to seek emergency treatment from the clients' guardians as soon as possible</li> <li>- He and the Licensee took the clients to their doctor's appointments</li> <li>- Client #5 had her blood drawn at the facility by a nurse from her doctor's office because she</li> </ul>	V 113		



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V 113	Continued From page 8  was taking Clozapine - Client #6 had her blood drawn monthly during her doctor's appointments because she was taking Lithium Carbonate - He did not have access to the copies of the clients' lab tests results - He planned to fax the two medical record information release forms to the clients' doctor's office today (8/1/23) to get a copy of their lab test results	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.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure disaster drills were conducted quarterly for each shift. The findings are:  Review on 7/31/23 of the facility's fire and disaster drills documented between 12/14/22	V 114		

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V 114	<p>Continued From page 9</p> <p>-7/30/23 revealed:</p> <ul style="list-style-type: none"> <li>- No documentation of disaster drills being completed</li> </ul> <p>During interview on 8/1/23 client #2 reported:</p> <ul style="list-style-type: none"> <li>- The clients practiced fire drills but not disaster drills</li> <li>- She knew to go downstairs and cover her head during a tornado, but she did not practice this in the facility</li> </ul> <p>During interview on 8/1/23 client #6 reported:</p> <ul style="list-style-type: none"> <li>- The clients practiced fire drills but not disaster drills</li> <li>- She did not know what to do during a tornado</li> </ul> <p>During interview on 7/31/23 the Habilitation Technician (Hab Tech) reported:</p> <ul style="list-style-type: none"> <li>- She worked 24 hour shifts but she periodically took days off</li> <li>- She completed both fire and disaster drills, but only documented fire drills</li> <li>- She was unable to identify different types of disasters</li> <li>- She described a disaster drill response as going to the mailbox like she would during fire drills</li> </ul> <p>During interview on 7/31/23 the Qualified Professional/Director reported:</p> <ul style="list-style-type: none"> <li>- The Hab Tech worked 24 hour shift and took days off periodically</li> <li>- The Hab Tech was responsible for conducting fire and disaster drills</li> <li>- Fire drills were completed once a month and the disaster drills were completed quarterly</li> <li>- He was responsible for reviewing the facility's fire and disaster drill log</li> <li>- He last reviewed the fire and disaster drill log in June 2023</li> </ul>	V 114		

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V 114	Continued From page 10  - He could not recall the last time he saw documentation for a disaster drill on the fire and disaster drill log - He believed the last disaster drill was completed in March 2023 - He planned to conduct a disaster drill today (7/31/23)	V 114		
V 291	27G .5603 Supervised Living - Operations  10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or	V 291		

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V 291	<p>Continued From page 11</p> <p>safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure clients had activity opportunities based on their choices and needs for 3 of 3 audited clients (#2, #3, and #6). The findings are:</p> <p>Observation on 7/31/23 from approximately 1:22pm-4:00pm and interview with the Qualified Professional (QP)/Director revealed:</p> <ul style="list-style-type: none"> <li>- Clients #1, #2, #3, #5, and #6 were at their day programs</li> <li>- From 1:22pm to 4:00pm, client #4 were sitting in the living room watching television (TV) alone</li> <li>- The Hab Tech was in the facility but there was no interaction between her and client #4</li> </ul> <p>Observation on 8/1/23 from approximately 9:00am-12:00pm revealed:</p> <ul style="list-style-type: none"> <li>- At 9:00am, the Hab Tech opened the front door and all six of the clients sitting in the living room watching TV</li> <li>- At 9:30am, clients #1, #2, #3, #5, and #6 left the facility to go to their day programs</li> <li>- The Hab Tech was in the facility but there was no interaction between her and client #4</li> </ul> <p>Review on 7/31/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 12/14/22</li> <li>- Diagnoses of Schizoaffective Disorder, Gastroesophageal Reflux Disease (GERD), and Hyperlipidemia</li> </ul> <p>During interview on 8/1/23 client #2 reported:</p>	V 291		

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NAME OF PROVIDER OR SUPPLIER  <b>AGAPE AT HARDIMONT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1120 HARDIMONT ROAD RALEIGH, NC 27609</b>
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V 291	<p>Continued From page 12</p> <ul style="list-style-type: none"> <li>- She attended a day program everyday</li> <li>- The Hab Tech didn't do any activities with clients when they were in the facility</li> <li>- Clients just watched TV during the evening and weekends</li> <li>- Clients just did their "own thing"</li> <li>- She wanted to go on an outing to a local coffee shop "like we did prior to Covid (Coronavirus)"</li> </ul> <p>Review on 7/31/23 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 12/14/22</li> <li>- Diagnoses of Schizoaffective Disorder, GERD, Hypertension, Constipation, Hypertriglyceridemia, and tobacco use</li> </ul> <p>During interview on 8/1/23 client #5 reported:</p> <ul style="list-style-type: none"> <li>- She attended a day program during the week</li> <li>- Clients didn't do any activities with staff when she was in the facility</li> <li>- Clients watched TV or went outside to smoke tobacco products</li> <li>- She wanted to go shopping or volunteering at a local mall</li> </ul> <p>Review on 7/31/23 of client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 1/18/22</li> <li>- Diagnoses of Schizoaffective Disorder, Bipolar-Type, Moderate Intellectual Developmental Disability, and tobacco use</li> </ul> <p>During interview on 8/1/23 client #6 reported:</p> <ul style="list-style-type: none"> <li>- She attended a day program during the week</li> <li>- Clients didn't do anything in the facility except listen to the radio, watch TV, and smoke tobacco products outside</li> <li>- She wanted to go shopping and out to eat at restaurants</li> </ul> <p>During interview on 7/31/23 the Hab Tech</p>	V 291		

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V 291	<p>Continued From page 13</p> <p>reported:</p> <ul style="list-style-type: none"> <li>- She did not provide clients with transportation; therefore, she did not take clients out into the community for activities</li> <li>- Clients played cards, watched TV, and had access to a library in the facility</li> </ul> <p>During interview on 8/1/23 the QP/Director reported:</p> <ul style="list-style-type: none"> <li>- Client #4 attended a day program but she was home due to doctors appointments on 7/31/23 and 8/1/23</li> <li>- The Hab Tech was responsible for engaging in activities with the clients in the facility</li> <li>- He expected the Hab Tech to participate in activities such as arts/crafts and exercising</li> <li>- The clients were "always tired" and didn't want to participate in activities</li> <li>- The Licensee transported the clients to community outings in a 7-passenger van</li> <li>- Clients went on outings to shop and go to church</li> <li>- Sometimes clients didn't want to go on outings so they stayed at the facility with the Hab Tech</li> </ul>	V 291		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility and its grounds were not maintained in a clean and attractive manner. The findings are:</p>	V 736		

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V 736	<p>Continued From page 14</p> <p>Observation on 7/31/23 at 12:08pm revealed:</p> <ul style="list-style-type: none"> <li>- Patches of grass and weeds were approximately 6 inches high across the front lawn of the facility</li> <li>- Clusters of small black dots covering an area approximately the size of a football found on the base of the shower curtains in the bathrooms located in the hallway and client #1 and #3's bedroom</li> <li>- Rust along the perimeter of the sink's stopper in client #1 and #3's bathroom</li> <li>- A light brown film of dirt covering the bottom and sides of the tub located in the hallway bathroom</li> <li>- Client #6's bed was leaning approximately 2-3 inches to the left side</li> <li>- The blinds in client #4's bedroom had two slats missing</li> </ul> <p>During interview on 8/1/23 client #6 reported:</p> <ul style="list-style-type: none"> <li>- She could not recall what happened to her bed because the bed had been like that for "a while"</li> <li>- She did not tell the Habilitation Technician (Hab Tech) or the Qualified Professional (QP)/Director about her bed because she did not like people in her "business"</li> </ul> <p>During interview on 7/31/23 the Hab Tech reported:</p> <ul style="list-style-type: none"> <li>- She was responsible for checking the clients' rooms and ensuring cleanliness of the facility</li> <li>- She cleaned the facility twice a month and bathrooms once a week</li> <li>- She was unaware that client #6's bed was leaning because client #6 did not tell her about it</li> <li>- She could not recall how long the tub in the hallway bathroom had been dirty</li> </ul>	V 736		

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V 736	Continued From page 15  During interview on 8/1/23 the QP/Director reported: <ul style="list-style-type: none"> <li>- He was responsible for the repairs of the facility and maintaining the lawn</li> <li>- The Hab Tech was responsible for checking and maintaining cleanliness of the facility on a daily basis</li> <li>- He visited and completed walk throughs of the facility every week</li> <li>- During walk throughs he looked for damages, and spoke to clients and staff regarding any repairs that were needed</li> <li>- He last cut the grass two weeks ago</li> <li>- He was unaware of the dirty tub and the black spots on the shower curtains until today (7/31/23)</li> <li>- "The clients must not have cleaned the tub after their shower"</li> <li>- Client #4 "broke her blinds"</li> <li>- He did not recall when or how client #4 broke her blinds</li> <li>- Client #6's bed was leaning because some of the wooden planks were missing from the bed's frame</li> <li>- He could not recall how long client #6's bed had been damaged</li> <li>- He planned to have the bed replaced as soon as possible</li> </ul>	V 736		
V 738	27G .0303(d) Pest Control  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.	V 738		



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V 738	<p>Continued From page 16</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the building was kept free from insects. The findings are:</p> <p>Observation on 7/31/23 at 12:37pm revealed:</p> <ul style="list-style-type: none"> <li>- A multitude of ants located on the counter and floor of the bathroom located in client #4 and client #5's bedroom</li> </ul> <p>During interview on 8/1/23 client #5 reported:</p> <ul style="list-style-type: none"> <li>- She saw ants in the facility a few days ago</li> <li>- The Habilitation Technician (Hab Tech) killed the ants and cleaned them up</li> <li>- She did not recall seeing any ants in other areas of the facility</li> </ul> <p>During interview on 7/31/23 the Hab Tech reported:</p> <ul style="list-style-type: none"> <li>- She was unaware of the ants located in the clients' bathroom</li> <li>- She had not seen any insects in the facility</li> </ul> <p>During interview on 7/31/23 the Qualified Professional/Director:</p> <ul style="list-style-type: none"> <li>- He visited and completed walk throughs of the facility weekly</li> <li>- He was unaware of the ants in the client's bathroom</li> <li>- He planned to "look for whatever is bringing in the ants" and contact an exterminator as soon as possible</li> </ul>	V 738		