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	MHL0411089	A. BUILDING: _____ B. WING _____	07/27/2023

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V 000	INITIAL COMMENTS An annual survey was completed on July 27, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 4 and currently has a census of 3. 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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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure treatment plans were updated annually affecting 1 of 3 audited clients (#1). The findings are: Review on 7/27/23 of client #1's record revealed: -An admission date of 11/18/13 -Diagnoses of Severe Intellectual Disability, Glaucoma and Hypertension -An admission assessment dated 11/18/13 noted "requires habilitation and personal care to increase independence in self-help and activities of daily living, needs assistance with increasing communication and social involvement, needs assistance to maintain living in the home, needs assistance with financial needs, is social, good verbal receptive skills, likes money and is independent in some areas, his sister is his guardian, and he lives with his 3 brothers, and requires 24 hour supervision." -A treatment plan dated 2/1/21 noted "will become independent at home and in the community, with no more than 2 verbal prompts, will measure the appropriate amount of washing powder and Clorox (when needed) for 6 consecutive months, with no mor than 3 verbal prompts, will make his bed for 6 consecutive months, with no more than 2 verbal prompts, will make his lunch for the following day, with no more than 4 verbal prompts, will dust his furniture in his bedroom, with no more than 3 verbal prompts, will inform	V 112	QP will updated ISP on 8/17/23 and has created a calendar to ensure that ISP is updated annually. QP will monitor monthly to prevent oversight.	8/17/23

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V 112	Continued From page 2 staff of the numbers of pills he take for medical health, will brush his teeth daily with no more than 3 verbal prompts, will place his dirty clothes in the clothes hamper each night, will fold his clothing in his dresser drawers, will wash and dry his hands when coming in from yardwork with 80% accuracy, will pick out his clothes for the next day that will be appropriate for the weather, will wipe after using the bathroom daily, will, once a week, follow the steps of making a purchase, will walk three afternoons a week for 15 minutes, will receive personal care services to complete activities of daily living and monitor for health and safety, will spell his name with no more than 3 verbal prompts, will wipe toothpaste off the rim of his trash can after brushing his teeth, and will mop the kitchen floor once a week." -Client #1's treatment plan was not updated Interview on 7/27/23 with the Qualified Professional/Chief Executive Officer/Licensee revealed: -Was acting as the Qualified Professional (QP) for the facility as the Former QP left -Had not updated client #1's treatment plan -Would update client #1's treatment plan in the next 2 weeks.	V 112		
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.	V 114	QP met with group home manager to ensure that staff complete emergency drills monthly. QP will monitor monthly to ensure drills are completed within the regulations time frame.	7/27/23

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V 114	Continued From page 3 (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 reviews and interviews, the facility staff failed to ensure fire and disaster drills were conducted once per shift per quarter. The findings are: Review on 7/27/23 of the facility's fire and disaster drills, from July 2022 to July 2023, revealed: -7/16/22 7pm a fire drill was conducted -7/17/22 2pm an earthquake drill was conducted -7/21/22 2:15pm a fire drill was conducted -7/31/22 1pm a bomb threat was conducted -8/23/22 6am a fire drill was conducted -8/23/22 4:45pm hurricane -9/25/22 7:15pm an earthquake drill was conducted -9/24/22 6:35pm a fire drill was conducted -12/5/22 6:17pm a fire drill was conducted -1/11/23 2:30pm a fire drill was conducted -1/27/23 9am a tornado drill was conducted -2/6/23 4pm a tornado drill was conducted -2/9/23 6am a fire drill was conducted -3/2/23 6:30am a fire drill was conducted -3/12/23 11:30am a fire drill was conducted -4/29/23 9pm a fire drill was conducted -5/10/23 4pm a tornado drill was conducted -6/10/23 7pm a fire drill was conducted -6/24/23 8pm a hurricane drill was conducted -7/3/23 7am a fire drill was conducted	V 114		

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V 114	Continued From page 4 -7/19/23 2pm a tornado drill was conducted Further review on 7/27/23 of the fire and disaster drills revealed: -No fire or disaster drills were conducted during the months of October, November, and December 2023 -No disaster drill was conducted during the month of April 2023 -No fire drill was conducted during the month of May 2023 -No third shift fire and disaster drills were conducted in the months of July and September 2023 -No third shift fire and disaster drills were conducted in the months of January and June 2023 Interview on 7/27/23 at 9:44am with staff #1 revealed: -Had conducted fire and disaster drills on her shift -"We do the drills every other month. There's a schedule that we follow." -Was not sure if drills had been conducted on third shift Interview on 7/27/23 with the Qualified Professional/Chief Executive Officer/Licensee revealed: -The facility had 3 shifts: 6:30am to 2:30pm (first), 2:30pm to 10:30pm (second) and 10:30pm to 6:30am (third) -Fire and Disaster drills were to be conducted every month and rotated on each shift. -Was not sure why drills were not being conducted per the Agency's policy	V 114		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification	V 131		

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V 131	Continued From page 5 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 reviews and interview, the facility staff failed to access the HCPR registry prior to hire for 1 of 3 audited staff (#2). The findings are: Review on 7/27/23 of staff #2's record revealed: -A hire date of 12/7/21 -The HCPR was accessed on 12/8/21 Interview on 7/27/23 with the Qualified Professional/Chief Executive Officer/Licensee revealed: -The office manager was not here today (7/27/23) -"She is responsible for that (accessing the HCPR registry prior to hire for staff)."	V 131	This rule has been addressed with office administrator who completes all background checks for new staff. QP/ owner will ensure that personnel file is complete prior to employment. QP will monitor upon each rehire to ensure checks are completed prior to hire.	7/27/23
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and	V 536		

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V 536	Continued From page 6 practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities;	V 536		

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V 536	Continued From page 7 (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or	V 536		

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V 536	Continued From page 8 failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached.	V 536		

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V 536	Continued From page 9 (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (I) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure 3 of 3 audited staff (staff #1, staff #2 and the Qualified Professional/Chief Executive Officer/Licensee (QP/CEO/L)) had updated annual training in Alternatives to Restrictive Interventions. The findings are: Review on 7/27/23 of staff #1's record revealed: -A hire date of 10/16/20 -Training in Alternatives to Restrictive Interventions expired on 5/18/23 -No documentation of updated annual training in Alternatives to Restrictive Interventions Review on 7/27/23 of staff #2's record revealed: -A hire date of 12/7/21 -Training in Alternatives to Restrictive Interventions expired on 5/18/23 -No documentation of updated annual training in Alternatives to Restrictive Interventions Review on 7/27/23 of the QP/CEO/L's record revealed: -A hire date of 3/15/11 -Training in Alternatives to Restrictive	V 536	All 3 staff will be trained in alternative to restrictive intervention. Staff is now responsible for getting their training in the month of their birthday. A checklist has been created to ensure trainings are complete on its due date. QP will monitor monthly to ensure trainings are completed before it expires.	Aug 17

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V 536	Continued From page 10 Interventions expired on 3/15/23 -No documentation of updated annual training in Alternatives to Restrictive Interventions Interview on 7/27/23 with the QP/CEO/L revealed: -Was not aware staff #1 and staff #2's training in Alternatives to Restrictive Interventions had expired. -"I knew my training had expired. It just slipped my mind."	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based,	V 537	All 3 staff will be trained in clients rights-seclusion, physical restraints and isolation time-out. Staff is now responsible for getting their training in the month of their birthday. A checklist has been created to ensure trainings are complete on its due date. QP will monitor monthly to ensure trainings are completed prior to expiration date.	Aug 17

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V 537	Continued From page 11 include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include:	V 537		

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V 537	Continued From page 12 (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least annually and demonstrate competence in the use	V 537		

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V 537	Continued From page 13 of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once annually. (11) Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers.	V 537		

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	MHL0411089	A. BUILDING: _____ B. WING _____	07/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATWICK HOME	2008 CHATWICK DRIVE GREENSBORO, NC 27407

(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 537	Continued From page 14 This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure 3 of 3 audited staff (staff #1, staff #2 and the Qualified Professional/Chief Executive Officer/Licensee (QP/CEO/L)) had updated annual training in Seclusion, Physical Restraint, and Isolation Time-Out. The findings are: Review on 7/27/23 of staff #1's record revealed: -A hire date of 10/16/20 -Training in Seclusion, Physical Restraints and Isolation Time-Out expired on 5/18/23 -No documented updated annual training in Seclusion, Physical Restraint, and Isolation Time-Out Review on 7/27/23 of staff #2's record revealed: -A hire date of 12/7/21 -Training in Seclusion, Physical Restraints and Isolation Time-Out expired on 5/18/23-No documented updated annual training in Seclusion, Physical Restraint, and Isolation Time-Out Review on 7/27/23 of the QP/CEO/L's record revealed: -A hire date of 3/15/11 -Training in Seclusion, Physical Restraints and Isolation Time-Out expired on 3/15/23 -No documented updated annual training in Seclusion, Physical Restraint, and Isolation Time-Out Interview on 7/27/23 with the QP/CEO/L revealed: -Was not aware staff #1 and staff #2's training in Seclusion, Physical Restraint, and Isolation Time-Out -"I knew my training had expired. It just slipped	V 537		

Division of Health Service Regulation

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V 537	Continued From page 15 my mind."	V 537		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, clean, and attractive manner. The findings are: Observations on 7/27/23 at 8:56am of the facility revealed: -Both of the metal handrails that led to the facility's front door were loose -In the facility's entryway, there was a 6 inch by 6-inch area that had water damage -The clients' bathroom located on the upper floor was running -The clients' bathroom vanity had a light bulb burned out -The wall in the clients' bathroom was peeling between the mirror and the sink -Client #1's chest of drawers had black painted that was peeled around the top drawers -Client #1's light cover on the ceiling fan was missing -The clients' bathroom tub/shower had a black ring around the inside of it -The ceiling fan over the kitchen table had a burned-out light bulb -The handrails to the banister that led downstairs had peeling paint	V 736	Some repairs has been completed; others are to be completed by the identified date: • outdoor metal rails to be repaired by September 20, 2023. • Ceiling to be repaired by Sep 20, 2023 • Toilet was repaired on August 2, 2023 • Bathroom light bulb above vanity repaired August 2, 2023 • painting in bathroom to be ccompleted by September 1, 2023 • Agency will purchase a new dresser by Sept. 1, 2023 • Tub is clean; however, ring is from the porcelain wearing down • Ceiling fan light bulb replaced on August 2, 2023 • handrail will be painted by Sept 1, 2023.	Sep 20 Sep 20 aug 2 aug 2 sept 1 sept 1 na aug 2 sept 1

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V 736	Continued From page 16 Interview on 7/27/23 with staff #1 revealed: -"The clients' legal guardian had been contacted about the leak in the ceiling. It was fixed and then started leaking again last month (June 2023)." Interview on 7/27/23 with staff #2 revealed: -Was aware there were repairs needed in the facility -"The railings. We are in the process of getting that fixed. We had the driveway repaired earlier. The clients' Legal Guardian (LG) owns the house. Between her and [the Qualified Professional/Chief Executive Officer/Licensee (QP/CEO/L)], it will be taken care of it. With the leak in the ceiling, it only leaks when it rains. We put a towel on the floor. [The QP/CEO/L) is aware of it. Her brother who was supposed to repair it, but he got sick, and everything has been put on hold ...it has been leaking I would say about a year. if that. We change the lightbulbs a lot ...The guys are hard on the toilet. The toilet gets clogged up because they put too much tissue in the toilet sometimes ..." Interview on 7/27/23 with the Qualified Professional/Chief Executive Officer/Licensee revealed: -Was aware there were some repaired needed to the facility -"The clients' all had the same Legal Guardian. It is their sister, and she owns the home. She is aware the ceiling had a leak in the hallway. If she can't make the repairs, we will put up our bootstraps and do it." -"We have a consumer that stuff's things in the toilet, including toilet paper ...because it (the facility) is an older home, the plumber said the pipes were a lot smaller than new homes ...we have replaced the toilet multiple, multiple times because of that."	V 736	QP will have group home manager complete quarterly health and safety checks to ensure cleanliness and safety of home.	

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