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V 000	INITIAL COMMENTS A complaint and follow up survey was completed on August 30, 2023. The complaint was unsubstantiated (intake #NC00205645). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. 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 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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,	V 108		

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V 108	Continued From page 1 the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 3 audited staff (Staff #1 and Staff #2) were currently trained in cardiopulmonary resuscitation (CPR) and first aid. The findings are: Review on 8/30/23 of Staff #1's personnel record revealed: -Date of hire: 12/23/20. -No documentation of current training in CPR and first aid. -Training certificate for CPR and Adult First Aid expired 6/2023. Review on 8/30/23 of Staff #2's personnel record revealed: -Date of hire: 6/1/11. -No documentation of current training in CPR and first aid. - Training certificate for CPR and Adult First Aid expired 7/2023. Interview on 8/28/23 with Staff #1 revealed: -He was a Direct Support Professional (DSP) who provided direct care to the clients on a rotating schedule of four days on and four days off.	V 108		

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V 108	Continued From page 2 -The staffing ratio was 1 staff to 6 clients. -He worked alone on his shift except for a couple of evening hours during the week that Client #1's and Client #2's Innovation worker was there to assist with them with personal hygiene tasks and cleaning their room. -He believed he was current on all his required trainings. Interview on 8/30/23 with Staff #2 revealed: -He was a DSP who rotated a work schedule with Staff #1 of four days on and four days off. -He believed he was up to date on all his required trainings for this year (2023). -The Qualified Professional scheduled the required trainings. Interview with the Director revealed: -She was unable to locate the current CPR and Adult First Aid training certificates for the Staff #1 and #2. -"I guess they have not had their refresher training, but I will make sure they get their training as soon as possible."	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	V 112		

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V 112	Continued From page 3 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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to update the treatment plan with current strategies to address client needs for 1 of 3 audited clients (Client #1). The findings are: Reviews on 8/28/23 and 8/30/23 of Client #1's record revealed: -Admission date: 3/24/03. -Diagnoses: Propionic acidemia, Anxiety disorder, Frontal lobe and executive function deficit, Major depressive disorder, Vitamin D deficiency, Osteoporosis, Hemiplegia affecting left nondominant side, Moderate intellectual disability, and left hip fracture diagnosed on 5/2/23. -Treatment plan dated 2/1/23 with no new strategies. -He was hospitalized for treatment of a fractured	V 112		

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hip from 5/2/23 to 6/26/23.
-A 60-day facility discharge notice dated 7/31/23 listed the reason for discharge as "unable to meet his medical needs in our facility."

Review on 8/28/23 of a facility internal incident report for Client #1 revealed:
-On 7/3/23 at around 5:30 pm, Client #1 fell on the floor in the dining area after he walked out of his bedroom without using his walker. Staff #2 got Client #1 to his feet and Client #1 complained of wrist pain. He (Staff #2) transported Client #1 to a local hospital emergency room where Client #1 was x-rayed, and no fractures were found.

Attempted interviews on 8/28/23 and 8/30/23 with Client #1 revealed:
-He was non-verbal and unable to answer questions about his health.

Interview on 8/29/23 with Client #1's guardian revealed:
-She understood on 7/31/23 from facility staff that Client #1 had "mental decline" and he needed "more help" with toileting and bathing.
-Client #1 "wet his pants once in a while" at her home but he did not have an incontinence problem.
-" ...we offered to hire someone for [Client #1] and his dad said he would even come in and help and they (administrative staff) said this couldn't happen because Dad would be considered a worker."

Interview on 8/28/23 with Staff #1 revealed:
-Client #1 was transported by medical emergency services and admitted to a hospital on 5/2/23 where he was diagnosed with a left hip fracture.
-Prior to his 5/2/23 hospitalization, Client #1 was able to walk without assistance, continent in

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bladder and bowel, and needed "partial" assistance (verbal prompting) to complete his bathing, teeth-brushing and daily dressing.
-Since Client #1's return to the facility in June 2023 after his hip surgery, he:
-was slower to walk and "sometimes forgets about his walker. He had an incident last week (week of 8/21/23) where he walked out of the bathroom without his walker and was holding on to the wall. He didn't fall but was very unsteady. I'm trying to get him stronger the reason I have him walk down the hall and touch the wall 20 times to get his exercise in."
-"We (staff) have him going to the bathroom 4 to 5 times a day and before bedtime. At night around 11 pm- 12:00 midnight and then around 1:00-2:00 am when I check on him, he has defecated and urinated on himself. I get him up and into the shower and change his bed linens because he can't lay in his bed soiled."
-"used to be able to wash himself in the shower when given a washcloth and soap. Now he stands with the washcloth in hand and won't wash himself as if he doesn't know what to do with it (washcloth). I wash him."
-needed daily physical assistance from staff to brush his teeth instead of being physically prompted.
-needed daily physical assistance to put his clothing on. "If you give him a piece of clothing, he spins it (clothing item) around as if he doesn't know what to do. He will hold up his leg for me to put his pullup on, but he won't pull it even halfway and he will sit back on the bed."

Interview on 8/28/23 with the Qualified Professional revealed:
-Client #1's treatment plan had not been updated with his current (presenting) problems regarding his increased needs for physical assistance with

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V 112	Continued From page 6 toileting, bathing, dressing, and teeth-brushing. -She was responsible for ensuring Client #1's plan was updated. -Client #1's guardian refused to have him "officially assessed" for his level of care to be determined. -Since Client #1 returned from the hospital, he has had a one-on-one (1:1) worker come into the facility from 5 pm-7 pm during the weekdays to physically help him get showered and clothed for bed. -[Client #1] can walk with his walker but he sometimes he forgets it and needs constant supervision by his side to the toilet, especially when he has urinated and has a bm (bowel movement) on himself. He has to be kept safe while he ambulates and is cleaned up."	V 112		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;	V 366		

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V 366	Continued From page 7 (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;	V 366		

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V 366	Continued From page 8 (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.	V 366		

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V 366	Continued From page 9 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement written policies governing their response to incidents as required. The findings are: Review on 8/28/23 and 8/29/23 of level II and level III incident reports for the period from March 2023 to the present submitted in the Incident Response Improvement System (IRIS) revealed: -No documentation of a level II incident report for Client #1's left hip fracture in May 2023 that led to his surgery. Review on 8/29/23 of the facility's internal incident report dated 5/3/23 by Staff #2 revealed: -An incident occurred on 5/2/23 at approximately 7:15 am where Client #1 "refused" to get out of bed and complained of left leg pain. Staff #2 responded with a call to the Qualified Professional (QP) who instructed him to call local emergency medical services (EMS). -Client #1 was transported by ambulance to a local hospital where he was diagnosed with a left hip fracture and admitted to the hospital for surgery. Interview on 8/28/23 with Staff #1 revealed: -"No one knew how [Client #1] fractured his left hip." -He took Client #1 to a local medical facility on 4/27/23 for a medical examination after Client #1's day program staff reported (4/27/23) Client #1 was "limping." Client #1 was x-rayed, prescribed an analgesic for aches and pain, and recommended for a follow up with his primary doctor.	V 366		

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V 366	Continued From page 10 -On 4/28/23, Client #1 was taken to his primary doctor where he was x-rayed with negative results and recommended to continue with the analgesic for aches and pain. Interview on 8/29/23 with Staff #2 revealed: -He completed an internal incident report on 5/3/23, the day after Client #1 could not get out of bed. Interview on 8/29/23 with the QP and the Director revealed: -Did not have documentation determining the cause of Client #1's incident on 5/2/23, developing and implementing corrective measures within 45 days of the incident, developing and implementing measures to prevent similar incidents within 45 days of the incident, and assigning person(s) to be responsible for implementation of the corrections and preventive measures. -Had not notified the Local Management Entity/Managed Care Organization (LME/MCO) as required.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of	V 367		

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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;
(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

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V 367	Continued From page 12 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 by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit a Level II incident report to the Local Management Entity/Managed Care	V 367		

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V 367	Continued From page 13 Organization (LME/MCO) within 72 hours as required. The findings are: Review on 8/28/23 and 8/29/23 of level II and level III incident reports for the period from March 2023 to the present submitted in the Incident Response Improvement System (IRIS) revealed: -No documentation of a level II incident report for Client #1's left hip fracture in May 2023 that led to his surgery. Review on 8/29/23 of the facility's internal incident report dated 5/3/23 by Staff #2 revealed: -On 5/2/23 at approximately 7:15 am, Client #1 "refused" to get out of bed and complained of left leg pain. -Local emergency medical service (EMS) was called by Staff #2 and Client #1 was transported by ambulance to a local hospital where he was diagnosed with a left hip fracture and scheduled for surgery. Attempted interviews on 8/28/23 and 8/30/23 with Client #1 revealed: -He was non-verbal and unable to answer questions about his health. Interview on 8/29/23 with Client #1's legal guardian revealed: -On May 2, 2023, Client #1 went from the facility to the hospital and was diagnosed with a fractured hip. -"He got hurt in their (facility's) care but didn't say how it occurred. Someone had to help him up when he broke his hip." Interview on 8/29/23 with Staff #2 revealed: -On 5/2/23 when he went to get Client #1 out of bed to go to his day program, Client #1 could not move to get out of bed. He called the Qualified	V 367		

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	MHL034168	A. BUILDING: _____ B. WING _____	C 08/30/2023

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V 367	Continued From page 14 Professional (QP) who instructed him to call EMS. Client #1 was still in bed when EMS arrived and got Client #1 on a stretcher to transport him to a local hospital. -He denied Client #1 fell on 5/2/23. -He completed an incident report in the facility's electronic system. Interviews on 8/29/23 with the QP revealed: -After an incident report was completed by staff, she was notified the report was ready for her review. -If an incident was a level II or level III incident, the Director entered the report in the North Carolina Incident Reporting Improvement System (IRIS). Interview on 8/29/23 with the Director revealed: -A level II was not submitted in IRIS. "I understand now we should have done one."	V 367		
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 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.	V 536		

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V 536	Continued From page 15 (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; (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	V 536		

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V 536	Continued From page 16 (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 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	V 536		

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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.
(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.
(l) Documentation shall be the same preparation as for trainers.

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V 536	Continued From page 18 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff completed annual training in alternatives to restrictive interventions for 2 of 3 audited staff (Staff #1 and Staff #2). The findings are: Review on 8/30/23 of Staff #1's personnel file revealed: -Date of hire: 12/23/20. -No documentation of annual training in alternatives to restrictive interventions. -His National Crisis Intervention Plus (NCI +) training certificate expired 7/7/22. Review on 8/30/23 of Staff #2's personnel file revealed: -Date of hire: 6/1/11. -No documentation of annual training in alternatives to restrictive interventions. -His NCI + training certificate expired 5/2/23. Interview on 8/28/23 with Staff #1 revealed: -He believed he was current on all his required trainings. Interview on 8/30/23 with Staff #2 revealed: -He was not aware his NCI+ certification had expired. Interview on 8/30/23 with the Director revealed: -"I guess they have not had their refresher training, but I will make sure they get their training as soon as possible."	V 536		