STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-131	A. BUILDING: _____ B. WING _____	09/14/2023

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DEE & G ENRICHMENT #2	207 FRIENDLY ROAD BURLINGTON, NC 27215

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V 000	INITIAL COMMENTS An annual survey was completed on September 14, 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 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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V 111	Continued From page 1	V 111		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure that an assessment was completed prior to the delivery of services affecting two of three audited clients (#2 and #3). The findings are:

Review 9/13/23 of client #2's record revealed:
-Admission date of 6/24/23.
-Diagnosis of Schizoaffective Disorder, Bipolar Type
-There was no evidence of an admission assessment completed for client #2 prior to the delivery of services.

Review on 9/13/23 of client #3's record revealed:
-Admission date of 12/1/22.
-Diagnoses of Schizophrenia; Hypertension; Bipolar Disorder, Unspecified.
-There was no evidence of an admission assessment completed for client #3 prior to the delivery of services.

Interview on 9/13/23 with the Owner #1 revealed:
-Provider normally interviewed the clients.
-They would create a form or summary whenever new clients arrive.
-She confirmed that the admission assessment

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V 111	Continued From page 2 for clients #2 and #3 were not inside their file.	V 111		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by:	V 112		

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V 112	Continued From page 3 Based on record reviews and interview, the facility failed to have a Person Centered Plan with written consent or agreement by the responsible party, or a written statement by the provider stating why such consent could not be obtained affecting two of three clients (#1, and #2). The findings are: Review on 9/13/23 of Client #1's record revealed: -Admission date of 6/5/23. -Diagnoses of Schizoaffective Disorder. -Client #1 had a legal guardian. -Client #1's Person Centered Plan had not current written consent or agreement by the responsible party. Review on 9/13/23 of Client #2's record revealed: -Admission date of 6/24/23. -Diagnoses of Schizoaffective Disorder, Bipolar Type. -Client #2 had a legal guardian. -Client #2's Person Centered Plan had not current written consent or agreement by the responsible party. Interview on 9/14/23 with Owner #2 revealed: -They had some issues in getting the legal guardians sign the paperwork. -Client #2 had been through a couple of legal guardians. It was initially his sister and later Durham county. -They also did not know if client #2 was to remain at the facility due to him "cheeking" his medications. -She confirmed that the Person Centered Plans for clients #1 and #2 had no written consent or agreement by their responsible parties.	V 112		

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V 113	Continued From page 4	V 113		
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); (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	V 113		

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V 113	Continued From page 5 relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure records were complete affecting 1 of 3 current clients (#2). The findings are: Review on 9/13/23 of Client #2's record revealed: -Admission date of 6/24/23. -Diagnoses of Schizoaffective Disorder, Bipolar Type. -Client #2 had a legal guardian. -There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care. Interview on 9/14/23 with Owner #2 revealed: -They had some issues in getting the legal guardians sign the paperwork. -Client #2 had been through a couple of legal guardians. It was initially his sister and later Durham county. -They also did not know if client #2 was to remain at the facility due to him "cheeking" his medications. -She confirmed there was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care for client #2.	V 113		

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V 113	Continued From page 6 Review on 9/13/23 of Client #2's record revealed: -Admission date of 6/24/23. -Diagnoses of Schizoaffective Disorder, Bipolar Type. -Client #2 had a legal guardian. -Client #2's Person Centered Plan had not current written consent or agreement by the responsible party. Interview on 9/14/23 with Owner #2 revealed: -They had some issues in getting the legal guardians sign the paperwork. -Client #2 had been through a couple of legal guardians. It was initially his sister and later Durham county. -They also did not know if client #2 was to remain at the facility due to him "cheeking" his medications.	V 113		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the	V 121		

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V 121	Continued From page 7 governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to obtain drug reviews every six months for one of three clients (#3) who received psychotropic drugs. The findings are: Review on 9/13/23 of Client #3's record revealed: -Admission date of 12/1/22. -Diagnoses of Schizophrenia; Hypertension; Bipolar Disorder, Unspecified. -Physician's order dated 12/7/22: -Divalproex 500 milligrams (mg)- One tablet twice daily. -Trazodone 150 mg- One capsule at bedtime -Physician's order dated 2/15/23: -Alprazolam 0.5 mg- One tablet as needed for aggression or agitation -Physician;s order dated 7/31/23: -Haloperidol 20 mg- One tablet twice daily. -The July, August and September 2023 Medication Administration Record (MAR) revealed Client #3 was administered the above medications daily. -There was no evidence of a psychotropic drug review for Client #3's medications in the last six	V 121		

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V 121	Continued From page 8 months. Interview on 9/14/23 with Owner #2 revealed: -She would have pharmacist review client #3's psychotropic medications. -She confirmed the six months psychotropic drug review for client #3 had not been completed.	V 121		
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. (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).	V 536		

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V 536	Continued From page 9 (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 (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	V 536		

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V 536	Continued From page 10 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 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.	V 536		

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V 536	Continued From page 11 (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure two of three audited staff (#4 and #5) had current training in the use of alternatives to restrictive interventions. The findings are: Review on 9/13/23 of staff #4's personnel file revealed:: -Hire date of 4/29/22. -Staff #4 was hired as a Direct Care Worker	V 536		

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V 536	Continued From page 12 -There was a certificate from Evidence Based Protective Interventions (EBPI) Base Plus with a handwritten date saying that it will expire on 12/31/23; however, the course was taken on 12/1/21. -Certificate was only valid for one year after completion of the training. -There was no valid updated documentation of training on alternatives to restrictive intervention. Review on 9/13/23 of staff #5's personnel file revealed: -Hire date of 11/24/21. -Staff #5 was hired as a Direct Care Worker. -EBPI Interventions- Base Plus certificate expired 12/31/22. -There was no updated documentation of training on alternatives to restrictive intervention. Interview on 9/14/23 with Owner #2 revealed: -She understood why it was confusing regarding staff #4's certificate. -Dates did not concur. -Staff # 4 and #5 had been scheduled for a new training. -She confirmed staff #4 and #5 did not have updated documentation of training on alternatives to restrictive intervention.	V 536		