

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL031-079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/29/2023
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NAME OF PROVIDER OR SUPPLIER PEACE HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 223 ROBERT F HARGROVE ROAD MOUNT OLIVE, NC 28365
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on September 29, 2023. The complaint was substantiated (intake #NC 00205982). 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 5. The survey sample consisted of audits of 3 current clients, 1 former client.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings:</p>	V 114		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 114	Continued From page 1 Review on 9/28/23 of the facility's fire and disaster drills from July 2022 - June 2023 revealed: -No fire or disaster drills held during the 3rd quarter, July - September, of 2022. -No disaster drills held during 2nd quarter, April - June, of 2023. Interview on 9/29/23 the Qualified Professional stated: -Staff typically worked 7 days. -She was unsure where the previous staff kept the fire and disaster drills documentation. -She understood fire and disaster drills should be held quarterly and repeated on each shift.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 2</p> <p>(A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews and observations, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting 3 of 3 audited current clients (#1, #4 and #5). The findings are:</p> <p>Finding #1 Review on 9/27/23 of client #1's record revealed: -63 year old female. -Admitted on 1/1/20. -Diagnoses of Schizoaffective Disorder and Intellectual Disability.</p> <p>Review on 9/28/23 of client #1's signed physician orders revealed: -6/21/23 - Vraylar 3 milligram (mg) daily. (Schizoaffective)</p> <p>Review on 9/27/23 of client #1's MARs from 7/1/23 -9/27/23 revealed: -Vraylar 3 mg was documented as administered</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>daily.</p> <p>Observation on 9/28/23 at between 11:35am - 11:50am of client #1's medications revealed: -Vraylar 3 mg was not available onsite for review.</p> <p>Interview on 9/27/23 of client #1 stated: -She took her medications daily. -She missed her medications about once a month because she was already sleep.</p> <p>Finding #2 Review on 9/28/23 of client #4's record revealed: -55 year old female. -Admitted on 7/25/23. -Diagnoses of Schizoaffective Disorder, Intellectual Disability, Post Traumatic Stress Disorder (PTSD), Depression and Borderline Personality Disorder.</p> <p>Review on 9/28/23 of client #4's signed physician orders revealed: 6/1/23 -Levothyroxine 25 microgram (mcg) (hypothyroidism) -Sertraline HCL 50 mg (PTSD) -Haloperidol 10 mg (Schizoaffective) -Prazosin 2 mg (hypertension) -Olanzapine 20 mg (schizophrenia) 8/15/23 -Sertraline 25 mg</p> <p>Review on 9/28/23 of client #1's MARs from 7/25/23 - 9/27/23 revealed the following blanks: -Levothyroxine 25 mcg on 9/26/23 and 9/27/23. -Sertraline HCL 50 mg on 9/26/23 and 9/27/23. -Haloperidol 10 mg on 9/25/23 and 9/26/23. -Prazosin 2 mg on 9/25/23 and 9/26/23. -Olanzapine 20 mg on 8/31/23, 9/25/23 and 9/26/23.</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 4</p> <p>-Sertraline 25 mg on 9/26/23 and 9/27/23.</p> <p>Interview on 9/27/23 and 9/29/23 client #4 stated: -She received her medications every morning and every night.</p> <p>Finding #3 Review on 9/27/23 of client #5's record revealed: -61 year old female. -Admitted on 7/27/23. -Diagnoses of Schizoaffective Disorder Bipolar Type, Chronic Obstructive Pulmonary Disease (COPD), Hypertension, Hyperlipidemia, Hypothyroidism and Hyproparathyroidism. -No signed physician orders for Desitin Ointment, Eucerin Cream, Diclofenac 1% Topical Gel, Monistat, Biotene Oral Moisturizing Gel, Emetrol (Nausea Relief).</p> <p>Review on 9/28/23 of client #5's signed physician orders revealed: FL2 dated 7/25/23 -Levothyroxine 200 mcg -Loxapine 25 mg (schizophrenia) -Docusate Sodium 100 mg (stool) -Glipizide ER 5 mg (blood glucose) -Lisinopril 5 mg (hypertension) -Antacid 500 mg Chew Tablet (heartburn) -Vitamin D3 2000 (supplement) -Atorvastatin 10 mg (cholesterol) -Loxapine 50 mg -Olanzapine 20 mg -Insulin Glargine Solostar (blood glucose) -Divalproex SOD DR 500 mg (epilepsy) -Atenolol 25 mg - (hypertension) -Magnesium Oxide 400 mg (constipation) -Metformin HCL 1000 mg (blood glucose) -Fluticasone Salmeterol 250-50 (COPD) -Trulicity 1.5 mg, (blood glucose)</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 5</p> <p>Orders dated 9/6/23 -Meloxicam 7.5 mg (arthritis) -Omeprazole DR 20 mg</p> <p>Review on 9/27/23 of client #5's MARs from 7/27/23 -9/27/23 revealed the following blanks: -Blanks on 9/26/23 and 9/27/23 for Levothyroxine 200 mcg, Loxapine 25 mg, Docusate Sodium 100 mg, Glipizide ER 5 mg, Lisinopril 5 mg, Meloxicam 7.5 mg, Omeprazole DR 20 mg, Antacid 500 mg Chew Tablet, QC Vitamin D3 2000, -Blanks on 9/25/23 and 9/26/23 for Atorvastatin 10 mg, Loxapine 50 mg, Olanzapine 20 mg, Insulin Glargine Solostar -Blanks on 9/26, 9/27 (8am) and 9/25, 9/26 (8pm) for Divalproex SOD DR 500 mg, Atenolol 25 mg, Magnesium Oxide 400 mg, Metformin HCL 1000 mg, Fluticasone Salmeterol 250-50, Trulicity 1.5 mg,</p> <p>Observation on 9/28/23 between 12:20pm - 12:40 pm of client #5's medications revealed the following medications available for administration: Desitin Ointment, Eucerin Cream, Diclofenac 1% Topical Gel, Monistat, Biotene Oral Moisturizing Gel, Emetrol (Nausea Relief).</p> <p>Interview on 9/27/23 client #5 stated: -She received her medications daily. -She knew the medications she took.</p> <p>Interview on 9/28/23 staff #3 stated: -Client #1's Vraylar 3mg was not available. -Client #1 took the last dosage on 9/28/23 and she had requested a refill on 9/28/23 for Vraylar 3mg. -She documented incorrectly on client #4 and client #5's MARs for September. -All clients received their medications as ordered.</p>	V 118		

Division of Health Service Regulation

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V 118	Continued From page 6 Interview on 9/28/23 the Qualified Professional stated: -She believed the clients received their medications as ordered. -She believed client #5 was admitted with some medications and their were no physician orders for the medications. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.	V 120		

Division of Health Service Regulation

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V 120	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on observations and interview the facility failed to keep refrigerated medication in a locked container affecting 1 of 2 audited clients (#1) and failed to keep medications stored separately for each client for 1 of 3 audited clients. The findings are:</p> <p>Finding #1 Review on 9/27/23 of client #5's record revealed: -61 year old female. -Admitted on 7/27/23. -Diagnoses of Schizoaffective Disorder Bipolar Type, COPD, Hypertension, Hyperlipidemia, Hypothyroidism and Hyproparathyroidism.</p> <p>Observation on 9/28/23 between 12:20 pm - 12:40 pm during a review of client #5's medications revealed: -Trulicity 1.5 mg and Insulin Glargine Solostar was keep unlocked in a mini refrigerator in the staff's bedroom. -The staff's bedroom door was open and had access from the hall and kitchen.</p> <p>Interview on 9/27/23 client #5 stated: -She self administered her insulin medication.</p> <p>Finding #2 Review on 9/27/23 of client #1's record revealed: -63 year old female. -Admitted on 1/1/20. -Diagnoses of Schizoaffective Disorder and Intellectual Disability.</p> <p>Observation on 9/28/23 at approximately 11:35 am during a review of client #1's medications revealed: -A clear bin provided for a review of client #1's</p>	V 120		

Division of Health Service Regulation

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V 120	<p>Continued From page 8</p> <p>medications included client #3's medications which included Biktarvy 50-200-25 mg, Fluticasone Prop 50 mcg, Fenofibrate 145 mg, Fenofibrate 145mg, Cetirizine HCL 10 mg and Atorvastatin all unopened)</p> <p>Interview on 9/28/23 staff #3 stated: -Client #5's medication was kept in the staff's bedroom refrigerator. -The staff's bedroom door was not always locked and secured. -Clients were not allowed in the staff's bedroom. -She had client #3's medications in her hand when she provided client #1's medications for review. -The medication bin provided was for overflow medications only and none had been used.</p> <p>Interview on 9/29/23 the Qualified Professional stated: -Refrigerated medications should be kept locked in a locked box and were kept in the staff's bedroom. -She was not aware the medications were not in a locked box. -She last reviewed medications at the facility around May or June. -She had not seen an overflow of medications but also did not look for overflow. -She understood client medications should be kept separately.</p>	V 120		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>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</p>	V 131		

Division of Health Service Regulation

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V 131	<p>Continued From page 9</p> <p>health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hire for 2 of 3 audited staff (staff #2, staff #3). The findings are:</p> <p>Review on 9/29/23 of staff #2's record revealed: -Hire date: 7/14/23. -Separation date: 9/1/23. -HCPR was accessed on 8/23/23.</p> <p>Attempt to interview staff #2 during survey revealed the facility did not have a contact number for staff #2.</p> <p>Review on 9/29/23 of staff #3's personnel record revealed: -Hire date: 9/2/23. -HCPR was accessed on 9/13/23.</p> <p>Interview on 9/27/23 staff #3 stated: -She worked at the facility about 3 weeks.</p> <p>Interview on 9/29/23 the Qualified Professional stated: -She did not have a phone number for staff #2. -She understood the HCPR should be accessed prior to hire.</p>	V 131		

Division of Health Service Regulation

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V 133	Continued From page 10	V 133		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall</p>	V 133		

Division of Health Service Regulation

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V 133	<p>Continued From page 11</p> <p>return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p>	V 133		

Division of Health Service Regulation

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V 133	<p>Continued From page 12</p> <p>(1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL031-079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/29/2023
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NAME OF PROVIDER OR SUPPLIER PEACE HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 223 ROBERT F HARGROVE ROAD MOUNT OLIVE, NC 28365
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V 133	Continued From page 13 felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL031-079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/29/2023
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V 133	<p>Continued From page 14</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct a criminal history record check as required for 2 of 3 audited staff (staff #2, staff #3). The findings are:</p> <p>Review on 9/29/23 of staff #2's record revealed: -Hire date: 7/14/23. -Separation date: 9/1/23. -No evidence of a criminal history check completed.</p>	V 133		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL031-079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/29/2023
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V 133	<p>Continued From page 15</p> <p>Attempt to interview staff #2 during survey revealed the facility did not have a contact number for staff #2.</p> <p>Review on 9/29/23 of staff #3's personnel record revealed: -Hire date: 9/2/23. -No evidence of a criminal history check completed.</p> <p>Interview on 9/27/23 staff #3 stated: -She worked at the facility about 3 weeks.</p> <p>Interview on 9/29/23 the Qualified Professional stated: -She understood criminal record checks should be conducted.</p>	V 133		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL031-079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/29/2023
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V 290	<p>Continued From page 16</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews, and interviews the facility failed to maintain staff-client ratios above the minimum numbers to enable staff to respond to client needs affecting 3 of 3 current clients audited (#1, #4 and #5). The findings are:</p> <p>Review on 9/27/23 of client #1's record revealed: -63 year old female. -Admitted on 1/1/20.</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL031-079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/29/2023
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V 290	<p>Continued From page 17</p> <p>-Diagnoses of Schizoaffective Disorder and Intellectual Disability.</p> <p>Interview on 9/27/23 client #1 stated: -Everyone had to go to the all the client doctor appointments because no one could be left at the facility. -"If you don't want to go, you have to go anyway" -The all had to ride to the doctor appointments together. -Sometimes they would stay in the van but most of the time they had to go in the office.</p> <p>Review on 9/28/23 of client #4's record revealed: -55 year old female. -Admitted on 7/25/23. -Diagnoses of Schizoaffective Disorder, Intellectual Disability, Post Traumatic Stress Disorder, Depression and Borderline Personality Disorder.</p> <p>Interview on 9/28/23 client #4 stated: -All the client had to go to doctor's appointment. -The staff had to always be with them.</p> <p>Review on 9/27/23 of client #5's record revealed: -61 year old female. -Admitted on 7/27/23. -Diagnoses of Schizoaffective Disorder Bipolar Type, COPD, Hypertension, Hyperlipidemia, Hypothyroidism and Hyproparathyroidism.</p> <p>Interview on 9/27/23 client #5 stated: -Staff made all the clients go when someone had a doctor's appointment. -She did not want to go to other client's appointments. -She was never given the option to stay at the facility. -They also attended appointments for clients at</p>	V 290		

Division of Health Service Regulation

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V 290	<p>Continued From page 18</p> <p>the sister facility.</p> <p>Interview on 9/27/23 staff #3 stated: -On 9/27/23 client #1 had a medical appointment and a client from the sister facility also had an appointment. -She could not leave any clients at the facility. -She was the only staff at the facility. -She had to attend all the client's medical appointment. -The staff from the sister facility drove all the clients to their medical appointments. -She did not drive the clients.</p> <p>Interview on 9/29/23 the Qualified Professional stated: -The facility had 1 staff. -Staffing was the reason all the clients had to attend other's medical appointments.</p> <p>Interview on 8/23/23 the Licensee stated: -3 of the clients had medical appointments. -All the clients were at medical appointments in another city. -All the clients liked to ride when someone had an appointment.</p> <p>Interview on 9/27/23 the Licensee stated: -A client had a medical appointment in another city. -The sister facility's staff provided transportation to medical appointments.</p>	V 290		
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</p>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 19</p> <p>manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interview the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 9/27/23 at approximately 1:35 pm during a tour of the facility revealed:</p> <ul style="list-style-type: none"> -The left hallway bathroom baseboards along the perimeter of the bathroom had brownish stains. -Client #2 and Client #3 shared bedroom closet door was off the hinge and sat against the wall next to the closet. -Client #2 and client #3's shared bedroom laminate flooring was peeled in the center of the bedroom about 3 feet long. -The kitchen had grayish linear marks around the bottom of the refrigerator. -The walk-in pantry/storage area off the kitchen had broken tile flooring at the entrance and the light cover missing. -Client #4's bedroom had brownish spots under her window seal. The floor vent had silver duck tape on both ends of the vent. -The exit door next to the medication closet had blind slates that were broken and the blind hung vertical. -The hallway had several patched spots on the ceiling and brownish stains. -The right hallway bathroom had a grayish spot near the ceiling above the bathtub. The bathtub faucet was loose and had to be pushed in by staff to turn the water off. -Client #5's bedroom window blinds had broken slates. -Client #1's bedroom light did not work. -The common area/living room had laminate flooring lifted in the corner and was not flushed to 	V 736		

Division of Health Service Regulation

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V 736	Continued From page 20 the floor. The floor air vent was off and sat next to the vent space. Interview on 9/29/23 the Qualified Professional stated: -She understands the facility should be maintained in a safe, clean, attractive and orderly manner. This deficiency has been cited 3 times since the original cite on November 17, 2022 and must be corrected within 30 days.	V 736		
V 750	27G .0304(b)(3) Maintenance of Elec., Mech., & Water Systems 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (3) Electrical, mechanical and water systems shall be maintained in operating condition. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to maintain water temperatures between 100 and 116 degrees Fahrenheit in areas where clients are exposed to hot water. The findings are: Observation on 9/27/23 at approximately 1:35 pm during a tour of the facility revealed: -The hot water temperature at the left hallway	V 750		

Division of Health Service Regulation

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V 750	<p>Continued From page 21</p> <p>bathroom sink was 69 degree Fahrenheit.</p> <p>Interview on 9/27/23 staff #3 stated: -She was not aware one side of the sink was not working. -She was not aware the bathroom sink did not have any hot water.</p> <p>Interview on 9/29/23 the Qualified Professional stated: -She was not aware the hot water was not working at the hall bathroom sink.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 750		