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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on February 19, 2024. The complaint was unsubstantiated intake #NC00212923. 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 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility	V 105		

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V 105	Continued From page 1 can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop and implement adoption of standards that assure operational and programmatic performance meeting applicable standards of practice for the use of a Glucometer instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are: Review on 2/15/24 of client #6's record revealed: - admitted 9/6/21 - diagnoses: Diabetes, Hypertension, Borderline Intellectual Developmental Disorder, Dyslipidemia and Schizophrenia - a physician's order dated 5/23/23: check blood sugar (BS) twice day During interview on 2/15/24, 2/16/24 & 2/19/24 the Licensee reported: - staff checked client #6's BS - on 2/15/24, would submit the CLIA waiver - on 2/16/24, the CLIA waiver would be submitted - on 2/19/24, CLIA waiver not submitted by exit survey date (2/19/24)	V 105		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which:	V 107		

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V 107	Continued From page 3 (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided. (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.	V 107		

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V 107	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview the facility failed to have a complete personnel record for 1 of 1 staff (#1). The findings are: Review on 2/16/24 of staff #1's personnel record revealed: - a job description with staff #1's signature but no date - no other documentation of trainings, experience and other qualifications for the position During interview on 2/16/24 staff #1 reported: - he began employment on 2/12/24 - the Licensee had his trainings During interview on 2/19/24 the Licensee reported: - did not complete criminal record check - the trainer was scheduled to come to the facility on 2/15/24 to complete trainings, however, the survey was open on that day (2/16/24) - the trainer requested to be contacted after the completion of the survey	V 107		
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	V 108		

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V 108	Continued From page 5 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, 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 have a complete personnel record for 1 of 1 staff (#1). The findings are: Review on 2/16/24 of staff #1's personnel record revealed: - a job description with staff #1's signature but	V 108		

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V 108	Continued From page 6 no date - no documentation of first aid/cardiopulmonary resuscitation (FA/CPR) - no other documentation of trainings, experience and other qualifications for the position During interview on 2/16/24 staff #1 reported: - he began employment on 2/12/24 - he was the only staff that worked at the facility - the Licensee had his trainings During interview on 2/19/24 the Licensee reported: - the trainer was scheduled to come to the facility on 2/15/24 to complete trainings, however, the survey was open on that day (2/16/24) - the trainer requested to be contacted after the completion of the survey	V 108		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.	V 114		

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V 114	Continued From page 7 This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete fire and disaster drills on a quarterly basis and repeat on each shift. The findings are: Review on 2/16/24 of the facility's fire and disaster log revealed: - between August 2023 - September 2023 there were 2 fire drills & 2 tornado drills conducted During interview on 2/15/24 client #1 reported: - fire and tornado drills were not practiced at the facility - if there was a fire he would go outside - if there was a tornado, would get on his knees in the facility During interview on 2/15/24 client #3 reported: - for fire drills, they went outside - tornado drills, they went in the bathroom During interview on 2/15/24 client #5 reported: - fire and tornado drills were done at the facility During interview on 2/19/24 the Licensee reported: - she hired someone to oversee the documentation of the drills - she (Licensee) had not followed up to see if drills were completed	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION	V 118		

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V 118	Continued From page 8 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: (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. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 1 of 3 audited clients (#5) had a self-administer order written by	V 118		

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V 118	Continued From page 9	V 118		

his physician & failed to record medications administered immediately after administration for 1 of 3 audited clients (#1). The findings are:

A. The following is an example of how the facility failed to have a self administration order for a client:

Review on 2/15/24 of client #5's record revealed:
- admitted 6/4/20
- diagnoses: Bipolar, Attention Deficit Hyperactivity Disorder & Fetish
- a FL2 dated 2/9/23: ibuprofen 600 milligram(mg) twice a day as needed

Observation on 2/15/24 at 11:56am of client #5's bedroom revealed:
- Ibuprofen 200mg on client #5's dresser
- client #5 said to staff: "I bought it(ibuprofen) myself"
- client #5 took 2 pills and handed the medication bottle to staff #1
- client #5 said "I have carpal tunnel"

During interview on 2/15/24 client #5 reported:
- he purchased the ibuprofen a couple of weeks ago
- he had a physician's order for the ibuprofen
- he was not sure if he had a physician's order to self administer his medication
- the 2 former staff was aware he kept the ibuprofen in his bedroom

During interview on 2/15/24 the Licensee reported:
- client #5 did not have a self administration order for the ibuprofen

B. The following is an example of how staff failed to keep a client's MAR current:

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V 118	Continued From page 10 Review on 2/15/25 & 2/16/24 of client #1's record revealed: - admitted 11/27/22 - diagnoses: Schizophrenia & Type 2 Diabetes - physician's orders dated as follows: - 1/8/24: Olanzapine 20mg bedtime (Schizophrenia) - 2/15/24: Atorvastatin 20mg bedtime (cholesterol) - 12/11/23: Olanzapine 10mg bedtime (Schizophrenia) & Trazadone 100mg bedtime (Depression) - 12/8/23: Omeprazole 20mg twice day (reflux) - 11/17/23: Levemir 100 units twice a day (Diabetes) - 12/11/23: Benztropine 1mg twice a day (side effects) & Divalproex 500mg twice a day (Bipolar) Review on 2/15/24 of client #1's February 2024 MARs revealed: - staff #1 did not initial the above medications on 2/13/24 - 2/14/23 During interview on 2/15/24 staff #1 reported: - the medications were administered, however he forgot to sign the MAR During interview on 2/15/24 the Licensee reported: - she trained staff #1 on medication administration - he should document his initials on the MAR after each medication was administered This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		

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V 120	Continued From page 11	V 120		
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. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medication was stored in a locked container for 1 of 3 audited clients (#5). The findings are: Review on 2/15/24 of client #5's record revealed: - admitted 6/4/20 - diagnoses: Bipolar, Attention Deficit Hyperactivity Disorder & Fetish - a FL2 dated 2/9/23: ibuprofen 600 milligram(mg) twice a day as needed	V 120		

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V 120	Continued From page 12 Observation on 2/15/24 at 11:of client #5's bedroom revealed: - Ibuprofen 200mg on client #5's dresser - client #5 said to staff #1: "I bought it(ibuprofen) myself" During interview on 2/15/24 staff #1 reported: - he started at the facility 2/12/24 - was not aware client #5 had the ibuprofen in his bedroom During interview on 2/15/24 the Licensee reported: - the ibuprofen should not be in his bedroom This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 120		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least	V 291		

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V 291	Continued From page 13 annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record review and interview the facility's operator failed to coordinate with other qualified professionals who are responsible for treatment/habilitation for 1 of 3 audited clients (#6). The findings are: Review on 2/15/24 & 2/16/24 of client #6's record revealed: - admitted 9/6/21 - diagnoses: Diabetes, Hypertension, Borderline Intellectual Developmental Disorder, Dyslipidemia and Schizophrenia - admitted to local hospital 2/12/24 Review on 2/15/24 of client #6's February 2024 MAR (medication administration record) revealed: - client #6 refused the following medications from 2/1/24 - 2/12/24: - Lisinopril 20 milligrams (mg) daily (blood pressure) - Omeprazole 20mg daily (acid reflux) - Sertraline 25mg daily (depression) - Amlodipine 5mg daily (blood pressure)	V 291		

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V 291	Continued From page 14 - Simvastatin 20mg bedtime (cholesterol) - Olanzapine 10mg daily (Schizophrenia) - Levemir 100units 15ml twice a day (blood sugar) Review on 2/19/24 of a physician's note dated 2/12/24 revealed: - "...I spoke to [Licensee] who reported patient has not taken insulin for 1 week. [Licensee] unsure what his current regimen was but per chart and last I saw patient 1 year ago he was taking 22units of Lantus nightly...patient has an appt (appointment) scheduled to see me on 2/21...communicated to [Licensee] that if there are any concerns for severe elevation of BG (blood glucose) in the interim patient should be seen at a hospital..." During interview on 2/19/24 the Licensee reported: - she informed client #6's physician that he refused all his medications - she was not sure why the physician only referenced the insulin - she was not sure why the physician referenced Lantus, he was on Levemir - client #6 was hospitalized due to mental health issues & refusal of medications	V 291		
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	V 536		

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V 536	Continued From page 15 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; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;	V 536		

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V 536	Continued From page 16	V 536		

(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 failing the course.
(4) The content of the instructor training the service provider plans to employ shall be

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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.
(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.

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V 536	Continued From page 18 (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 1 staff (#1) were trained in alternative to restrictive interventions. The findings are: Review on 2/16/24 of staff #1's personnel record revealed: - a job description with staff #1's signature but no date - no other documentation of trainings, experience and other qualifications for the position During interview on 2/16/24 staff #1 reported: - he began employment on 2/12/24 - the Licensee had his trainings During interview on 2/19/24 the Licensee reported: - the trainer was scheduled to come to the facility on 2/15/24 to provide training, however, the survey was open on that day (2/16/24) - the trainer requested to be contacted after the completion of the survey	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance	V 736		

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V 736	Continued From page 19 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 observation and interview the facility failed to ensure the facility's grounds were maintained in a safe, clean and attractive manner. The findings are: Observation on 2/15/24 at 11:28am the tour of the facility revealed: - the kitchen floor was not swept - client #3's bedroom: clothes were piled in a corner & throughout his bedroom floor - bathroom near client #'3's bedroom: - bathroom floor not swept - sink was dirty - low water pressure - bathroom in hallway: - bathroom mirror was blurry - missing cabinet doors beneath the sink - floor not swept - facility's back deck" a mattress laid on the back deck - client #5's bedroom: - had a sofa in the middle of the bedroom floor - client #5's bed was not made - clothes throughout bedroom floor - his blinds were bent or missing - client #1 & client #6's bedroom: - client #6's bed sheets were stained black & bed was not made - cigarette butts near client #6's bed - their bathroom had toothpaste spilled out the tube & covered a portion of the sink - the bathtub was cracked around the outside	V 736		

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V 736	Continued From page 20	V 736		

molding of the tub
- the bathroom floor was not swept

Observation on 2/16/24 at 3:03pm in client #2 & client #4's bedroom revealed the following:
- a space heater in their bedroom
- the temperature on the space heater registered 73 degrees Fahrenheit

During interview on 2/15/24 client #1 reported:
- he showered in the bathroom in the hallway
- the sink cabinets were missing for the last year

During interview on 2/16/24 client #2 reported:
- air came through the window and the exit door in his bedroom
- his mother gave him the space heater for emergency purposes
- the Licensee had a repairman a winter ago to insulate the window and exit door
- the air still came through the window and exit door

During interview on 2/15/24 client #5 reported:
- the mattress on the deck belonged to him
- it had been on the deck approximately a year
- he had a new mattress
- he did not clean up much, he was tired & he took muscle relaxer
- prior to client #6's hospitalization (2/12/24), he smoked in his bedroom

During interview on 2/16/24 the Qualified Professional reported:
- visited the facility twice a month but had not been since January 2024
- she encouraged the clients to keep their bedrooms clean
- she was not aware client #2 & client #4 had a

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V 736	Continued From page 21 space heater in their bedroom During interview on 2/16/24 the Licensee reported: - visited the facility 3 - 4 times a week depending on what happens at the facility - client #6 was hospitalized due to mental health issues - she had removed the space heater from client #2 & client #4's bedroom awhile ago - her husband or someone must have returned the space heater to them - client #2 and client #4 did not make her aware the air still came through the window or exit door - she found no issues during her walk through of the facility This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		