

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL091-107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 02/16/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOUSE OF BLESSINGS II</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>48 CHEATHAM LANE HENDERSON, NC 27537</b>		
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on 2/16/24. The complaint was substantiated (Intake #NC00211777). 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 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 105	<p><b>27G .0201 (A) (1-7) Governing Body Policies</b></p> <p><b>10A NCAC 27G .0201 GOVERNING BODY POLICIES</b></p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's</p>	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 105	Continued From page 1  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	<p>Continued From page 2</p> <p>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:</p> <p>Review on 1/30/24 of the Division of Health Service Regulation's facility folder revealed:</p> <ul style="list-style-type: none"> <li>- No documentation of a CLIA waiver</li> </ul> <p>Review on 1/31/24 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 11/16/18</li> <li>- Diagnoses: Hypertension, Type 2 Diabetes, Schizophrenia, Hyperlipidemia, Depression, Chronic Kidney Disease, and Hyperthyroidism</li> </ul> <p>Review on 1/31/24 of Client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 10/18/19</li> <li>- Diagnoses: Major Depression, Cognitive Impairment and History of Alcohol Abuse</li> <li>- Physician's order dated 8/21/23 revealed: <ul style="list-style-type: none"> <li>- Check blood sugar (BS) once every other day</li> </ul> </li> </ul> <p>Review on 2/14/24 of a fax received from the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> <li>- an incomplete CLIA waiver application that was not signed or dated</li> </ul> <p>Interview on 1/31/24 Client #1 reported:</p> <ul style="list-style-type: none"> <li>- Staff checked her BS</li> </ul>	V 105		

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V 105	Continued From page 3  Interview on 1/31/24 Client #3 reported: - Staff checked his BS  Interview on 1/31/24 staff #1 reported: - She checked client #1 & #3's BS  Interview on 2/6/24 staff #2 reported: - She checked client #1 & #3's BS  Interview on 2/8/24 the QP reported: - The Director told her that the waiver was applied for but the certificate had not been received  Interview on 2/13/24 the Licensee reported: - She spoke with the previous QP who said that she sent a copy of the waiver to Division Of Health Service Regulation - She would speak with her current QP to get the CLIA waiver application completed  This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 105			
V 110	27G .0204 Training/Supervision Paraprofessionals  10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based	V 110			

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V 110	<p>Continued From page 4</p> <p>employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including:</p> <ul style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ul> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, 2 of 2 staff (#1, #2) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 2/5/24 staff #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Employed: 11/16/20</li> <li>- Title: House Manager</li> <li>- Documentation of medication administration training</li> </ul> <p>Review on 2/5/24 staff #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Employed: 12/12/18</li> <li>- Title: House Manager</li> <li>- Documentation of medication administration training</li> </ul>	V 110		

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V 110	<p>Continued From page 5</p> <p>Review on 1/31/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 10/18/19</li> <li>- Diagnoses: of Major Depression Disorder, Cognitive Impairment, and History of Alcohol Abuse</li> <li>- Physician's order dated 8/21/23 revealed: <ul style="list-style-type: none"> <li>- Check and log blood sugar one time a day, every other day</li> </ul> </li> </ul> <p>Review on 1/31/24 of client #3's December 2023 MAR revealed:</p> <ul style="list-style-type: none"> <li>- An entry with staff initialed as blood sugar being checked at 8am daily</li> <li>- An entry with Accu-Chek Softclix Lancets being used daily at 8am and initialed by staff</li> <li>- Staff initialed as blood sugar being checked every other day on Dec. 3rd, 5th &amp; 7th</li> <li>- No other staff initials for the remainder of the month as being checked every other day</li> </ul> <p>Review on 1/31/24 of client #3's Dec. 2023 - Feb. 2024 blood sugar logs revealed:</p> <ul style="list-style-type: none"> <li>- blood sugars were checked every other day</li> </ul> <p>Interview on 1/31/24 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- She had been signing off on client #3's MARs twice a day and the every other day entry</li> <li>- She knew that she should have only signed off on the every other day because that's when she checked his blood sugar</li> <li>- "I really didn't think anything about it"</li> <li>- She didn't understand why the twice a day was still on the MAR because she had been trying to get it off</li> </ul> <p>Interview on 2/6/24 staff #2 reported:</p> <ul style="list-style-type: none"> <li>- She had been asking the pharmacy for months for new MARs without the twice a day BS checks</li> </ul>	V 110		

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V 110	Continued From page 6  - She was not signing off on the MARs for the twice a day - She only signed off on every other day because she wasn't checking it twice a day "so why sign off on it" - Confirmed that she just stopped signing off on the twice a day entry when the Qualified Professional (QP) had a talk with her  Interview on 2/1/24 the QP reported: - Had not done a medication or MAR review since being back with the facility for the past 3 months - Staff should not be signing off on the twice a day entry and should only be signing off on the every other day - She would speak with staff about getting the twice a day blood sugar checks off of the MAR and not signing off on something they weren't doing	V 110		
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	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that fire and disaster drills were conducted quarterly on each shift. The findings are:</p> <p>Review on 8/10/23 of the fire and disaster drill log book revealed:</p> <ul style="list-style-type: none"> <li>- Face sheet on the front of the log book revealed the 3 shifts for the facility: <ul style="list-style-type: none"> <li>- first shift 7am - 3pm</li> <li>- second shift 3:05pm - 11:00pm</li> <li>- third shift 11:05pm - 7am</li> </ul> </li> <li>- Fire drills were not completed various days and times throughout the month</li> <li>- Fire drills were only conducted the first week of each month by staff #2</li> <li>- Last fire drill was completed 1/7/24 at 3:10pm</li> <li>- No disaster drills had been completed from October 2023 - January 31, 2024</li> </ul> <p>Interview on 1/31/24 &amp; 2/8/24 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- She did fire and disaster drills</li> <li>- She was due for a disaster drill this month</li> <li>- Staff #2 was responsible for fire drills, and she was responsible for disaster drills</li> <li>- She did a disaster drill back in November 2023 and it should have been with the fire drills</li> </ul> <p>Interview on 2/6/24 staff #2 reported:</p> <ul style="list-style-type: none"> <li>- She did fire drills every month</li> <li>- Staff #1 said she did them but staff #2 hadn't seen any drills from staff #1</li> <li>- She hadn't done a disaster drill in about 8 months</li> <li>- She told staff #1 that she needed to do a disaster drill and staff #1 said that she would do it</li> </ul>	V 114		



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V 114	Continued From page 8  but she was not sure if staff #1 had done it or not  Interview on 2/6/24 the Qualified Professional (QP) reported: - No one had said anything to her about fire and disaster drills not being done different days and times throughout the month, but she would talk to client #1 to see if she was doing fire and disaster drills - Confirmed that she did not see any disaster drills and only saw fire drills that were completed by staff #2 the first week of the month when she worked - She would in-service staff #1 again because fire and disaster drills needed to be done during her shift and not just the first of the month when staff #2 was working  Interview on 2/13/24 the Licensee reported: - Fire drills were done every 3 months and staff #2 loved to do them - She didn't think that it was a problem staff #2 did fire drills the 1st - 8th of each month when she worked - She would make sure that both staff were doing fire drills and disaster drills  This deficiency as been cited 2 times since the original cite on 1/27/20 and must be corrected within 30 days.	V 114			
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  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	V 131			

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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 employment for 1 of 3 audited staff (Qualified Professional (QP). The findings are:</p> <p>Review on 2/5/24 of the QP's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Hired 1/1/20, resigned in November 2022 and was re-hired in Nov. 2023</li> <li>- HCPR check that was completed in January 2020</li> <li>- No documentation of an HCPR check around her re-hire date</li> </ul> <p>Interview on 2/6/24 the QP reported:</p> <ul style="list-style-type: none"> <li>- She left this facility November 2022 and came back around Dec 1, 2023</li> <li>- An updated HCPR check was not in her record</li> <li>- She was not sure if the Licensee did one but if she did, she did not see it in the folder</li> <li>- The licensee should have done a HCPR check before she came back to work</li> </ul> <p>Interview on 2/13/24 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- She wasn't aware that she needed to do a new HCPR check but would do one today</li> </ul>	V 131			

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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		

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V 133	Continued From page 11  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. (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:	V 133		

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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. 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. (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: (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. (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		

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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		

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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 request a criminal history record check was conducted within 5 business days of making a conditional offer of employment affecting 1 of 3 audited staff (Qualified Professional (QP). The findings are:</p> <p>Review on 2/5/24 of the QP's personnel record revealed: - Hired 1/1/20, resigned in November 2022 and was re-hired in Nov. 2023</p>	V 133		

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V 133	Continued From page 15  - Criminal history record check that was completed in January 2020 - No documentation of a criminal history record check around her re-hire date  Interview on 2/6/24 the QP reported: - She left this facility November 2022 and came back around Dec 1, 2023 - An updated criminal history record check was not in her record - She was not sure if the Licensee did one but if she did, she did not see it in the folder - The licensee should have completed a criminal history record check before she came back to work  Interview on 2/13/24 the Licensee reported: - She wasn't aware that she needed to do a new criminal history record check but would do one today, 2/13/24	V 133		
V 290	27G .5602 Supervised Living - Staff  10A NCAC 27G .5602 STAFF (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. (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.	V 290		



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V 290	<p>Continued From page 16</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> <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 review and interview, the facility failed to ensure that a client was capable of remaining in the home or community without supervision affecting 3 of 6 clients (#1, #4, #5). The findings are:</p>	V 290		

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V 290	<p>Continued From page 17</p> <p>Review on 1/31/24 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 11/16/18</li> <li>- Diagnoses: Hypertension, Type 2 Diabetes, Schizophrenia, Hyperlipidemia, Depression, Chronic Kidney Disease, and Hyperthyroidism</li> <li>- No unsupervised time in the home or community</li> </ul> <p>Interview on 1/31/24 Client #1 reported:</p> <ul style="list-style-type: none"> <li>- She was always with staff unless staff #1 ran to the store then she may stay home</li> <li>- It was never for long periods of time</li> <li>- She rode the van to the day program</li> <li>- No staff was on the van</li> </ul> <p>Review on 1/31/24 of Client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 12/26/22</li> <li>- Diagnoses: Allergic Rhinitis, Insomnia, Resting Tumor, Schizoaffective Disorder, Mild Intellectual Disability, and Bipolar</li> <li>- No unsupervised time in the home or community</li> </ul> <p>Interview on 1/31/24 Client #4 reported:</p> <ul style="list-style-type: none"> <li>- He and client #1 rode the public van to the day program daily</li> <li>- No staff was on the van, only the van driver</li> </ul> <p>Review on 1/31/24 of Client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 7/7/20</li> <li>- Diagnoses: Major Depressive Disorder, Borderline Personality Disorder, Alcohol Use Disorder, B12 &amp; Folate Deficiency, and Degenerative Disc Disease</li> <li>- No unsupervised time in the home or community</li> </ul> <p>Interview on 1/31/24 Client #5 reported:</p> <ul style="list-style-type: none"> <li>- He stayed home when staff #1 "runs to the store"</li> </ul>	V 290		

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V 290	Continued From page 18  Interview on 1/31/24 Staff #1 reported: - The Licensee told her that client #5 could stay at home by himself - She never left the clients alone longer than 10 minutes  Interview on 2/8/24 & 2/15/24 the Qualified Professional reported: - Client #1 told her that staff #1 left her in the facility - "I will have to wear that for client #5 because I know that I have given him unsupervised time before so it should have been in the record but client #1, I would never give unsupervised time" - She didn't think about the clients riding the public van - Confirmed that client #4 & client #5 did not have unsupervised time - She would assess and update every client to reflect the vans and whether they can stay in the facility without staff	V 290		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect  10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by	V 512		

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V 512	<p>Continued From page 19</p> <p>governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, 1 of 2 audited paraprofessional staff (#1) exploited 3 of 6 clients (#1, #3, #5). The findings are:</p> <p>Review on 1/31/24 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 11/16/18</li> <li>- Diagnoses: Hypertension, Type 2 Diabetes, Schizophrenia, Hyperlipidemia, Depression, Chronic Kidney Disease, and Hyperthyroidism</li> </ul> <p>Interview on 2/8/24 Client #1 reported:</p> <ul style="list-style-type: none"> <li>- Staff #1 had borrowed an "awful lot" of money from her</li> <li>- Staff #1 would share a soda that client #1 bought with all the residents even though client #1 didn't want to share</li> <li>- Last time staff #1 borrowed from her was last weekend, but she paid it back (\$1.59)</li> <li>- Staff #1 was trying to pay her back "a little bit at a time"</li> <li>- She bought staff #1 a couple of meals because staff #1 told her that she didn't have any money</li> <li>- Staff #1 borrowed whatever she had, "if I have \$1.50 left, staff #1 will use it to buy her</li> </ul>	V 512		

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V 512	<p>Continued From page 20</p> <p>cigarettes"</p> <ul style="list-style-type: none"> <li>- "It's not fair because I don't smoke, and I shouldn't be supporting her (staff #1) habit"</li> </ul> <p>Review on 1/31/24 of Client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 10/18/19</li> <li>- Diagnoses: Major Depression, Cognitive Impairment and History of Alcohol Abuse</li> </ul> <p>Interview on 2/8/24 Client #3 reported:</p> <ul style="list-style-type: none"> <li>- Staff #1 had borrowed money from him</li> <li>- It had been a while and he couldn't remember when the last time was</li> <li>- Staff #1 borrowed \$10.00 or \$20.00 and she paid him back</li> <li>- Staff #1 would tell him she was broke and needed however much she asked him for</li> <li>- He told her he didn't have it before</li> <li>- The Licensee told him they shouldn't give staff #1 money</li> <li>- The Licensee told him a while ago but he was not sure when</li> <li>- Staff #1 borrowing money had been going on for awhile</li> <li>- "It's not good, her (staff #1) borrowing money"</li> <li>- It had been going on ever since staff #1 had been working at the facility</li> <li>- He had told staff #2 who told him "that was not right"</li> </ul> <p>Review on 1/31/24 of Client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 7/7/20</li> <li>- Diagnoses: Major Depressive Disorder, Borderline Personality Disorder, Alcohol Use Disorder, B12 &amp; Folate Deficiency, and Degenerative Disc Disease</li> </ul> <p>Interview on 2/8/24 Client #5 reported:</p> <ul style="list-style-type: none"> <li>- Staff#1 borrowed money from him</li> </ul>	V 512		

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V 512	<p>Continued From page 21</p> <ul style="list-style-type: none"> <li>- Staff #1 borrowed \$5.00, \$10.00 and sometimes \$20.00</li> <li>- Staff #1 would say "Can you loan me?"</li> <li>- Staff #1 would put something on the counter when they were at the store, and she would want him to pay for it and he would do it if he had enough money</li> <li>- It was usually soda or some small items</li> <li>- "I don't know why I'm giving her money"</li> <li>- "She's not supposed to get money from me"</li> <li>- He told staff #1 she was not supposed to borrow money from him, but she told him she knew that "but just don't tell the Licensee"</li> <li>- Last time staff #1 borrowed money from him was maybe last month and it was \$10.00 and she had not paid him back as of today, 2/8/24</li> <li>- Staff #1 had paid him back some money, "but she didn't always"</li> <li>- Staff #1 left her shift on the 1st of each month and didn't come back until the 8th of each month and sometimes wouldn't pay him and expected him to forget about it</li> <li>- "It's hard for me to say no"</li> </ul> <p>Interview on 2/8/24 Staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Denied borrowing money from any of the clients</li> <li>- "If I need a cigarette out of the store and I left my pocketbook at home, I may ask them if they could get a cigarette which is like 50 cents, and I give it back to them when I get back home"</li> <li>- "We are like family here, so I didn't think anything of holding money or getting 50 cents or so"</li> </ul> <p>Interview on 2/6/24 Staff #2 reported:</p> <ul style="list-style-type: none"> <li>- Staff #1 "tends" to borrow money from the clients and all of them except client #2 had told her this</li> <li>- Client #5 didn't remember how much staff #1</li> </ul>	V 512		

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V 512	<p>Continued From page 22</p> <p>had borrowed</p> <ul style="list-style-type: none"> <li>- The Licensee was informed about staff #1 borrowing money and had spoken with staff #1 about it on an unknown date</li> <li>- Staff #1 told the clients not to tell anyone, but the clients still told staff #2 when she came into work</li> <li>- She had approached staff #1 before and asked her why she was still borrowing money from the clients, but she would never say anything</li> <li>- Staff #1 continued to do it but in the last couple of months, staff #2 hadn't heard anything from the clients</li> <li>- Staff #1 gave the clients their money back when she got paid the first of the month</li> <li>- Client #5 said that staff #1 didn't give him the whole amount back but he couldn't remember all the details</li> <li>- Client #5 said, staff #1 borrowed \$20.00 but only gave him back \$10.00</li> </ul> <p>Interview on 2/13/24 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- The Licensee told her that she had a meeting with the clients and staff before about borrowing money</li> <li>- Staff #1 minimized borrowing money and said that it only happened a couple of times</li> <li>- Staff #1 told her that one time she got a bag of chips and got a little bit of change from a client and one time she needed a "loosie" (single) cigarette and got a little bit of change from a client for that</li> <li>- Staff #1 never took full responsibility for borrowing money</li> </ul> <p>Interview on 2/13/24 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- She heard of staff #1 borrowing money early last year in 2023</li> </ul>	V 512		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL091-107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 02/16/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOUSE OF BLESSINGS II</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>48 CHEATHAM LANE HENDERSON, NC 27537</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	<p>Continued From page 23</p> <ul style="list-style-type: none"> <li>- She told staff #1 that she could not borrow money from her clients</li> <li>- She had a meeting with clients and staff when she found out early 2023</li> <li>- She did not take notes from the meeting but discussed clients not borrowing money from staff and staff not borrowing money from clients</li> <li>- She hadn't heard anything else after the meeting about staff #1 borrowing any money</li> <li>- She didn't know how long it had been going on, how much money she was borrowing and how she was asking to borrow because she didn't ask</li> <li>- She didn't know that it was still going on</li> <li>- There is no tracking of money because the client's have their money and do what they want</li> <li>- "I'm so speechless"</li> </ul> <p>Review on 2/15/24 of the Plan of Protection dated 2/15/24 signed by the QP revealed:</p> <ul style="list-style-type: none"> <li>- "What immediate action will the facility take to ensure the safety of the consumers in your care?"</li> <li>- QP will provide an immediate inservice with all staff and clients today on abuse, neglect and exploitation. Training will focus on financial exploitation. Documentation will be completed and kept in the employees file.</li> <li>- Describe your plans to make sure the above happens.</li> <li>- Going forward QP will provide training to the administrator, all current staff and clients at least monthly. Training will include client rights, financial exploitation and reporting financial abuse or exploitation. Documentation will be maintained in the individual personnel file."</li> </ul> <p>This facility served clients with Schizophrenia, Major Depression, Cognitive Impairment, Type 2 Diabetes, Schizoaffective Disorder, and Borderline Personality Disorder. Staff #1</p>	V 512		



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V 512	Continued From page 24  borrowed money from the clients ranging from 50 cents to \$20.00. This was an ongoing issue with staff #1 and the clients. The Licensee had a meeting with the staff and clients about a year ago telling them that staff could not borrow from clients and clients could not borrow from staff. The Licensee did not know that this continued as she did not hear anything else about staff #1 borrowing money after the meeting. Clients stated that staff #1 told them not to say anything. This deficiency constitutes a Type A1 rule violation for serious exploitation and must be corrected within 23 days.	V 512		
V 513	27E .0101 Client Rights - Least Restrictive Alternative  10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people	V 513		

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V 513	<p>Continued From page 25</p> <p>trained in its use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed failed to use the least restrictive and most appropriate method for 2 of 3 audited clients (#3 and #5). The findings are:</p> <p>Review on 1/31/24 of the "House of Blessings 2 LLC Residents Smoke Times" (no date) revealed the following smoking schedule:</p> <ul style="list-style-type: none"> <li>- 7-8am, 10am, 12-1pm, 3pm, 5-6pm, and 7-8pm</li> </ul> <p>Review on 1/31/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 10/18/19</li> <li>- Diagnoses: Cognitive Impairment, Major Depressive Disorder, History of Alcohol Dependence, Hypertension, and Prediabetes</li> </ul> <p>Interview on 1/31/24 client #3 reported:</p> <ul style="list-style-type: none"> <li>- He normally followed the smoking schedule</li> <li>- He didn't ask outside of the smoking times so he was not sure if he could smoke outside of the smoking times</li> </ul> <p>Review on 1/31/24 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 7/7/20</li> <li>- Diagnoses: Major Depressive Disorder, Borderline Personality Disorder, Alcohol Use Disorder, Cannabis and Tobacco Use Disorder, B12 &amp; Folate Deficiency, and Degenerative Disc Disease</li> </ul> <p>Interview on 1/31/24 client #5 reported:</p> <ul style="list-style-type: none"> <li>- He held his own cigarettes</li> </ul>	V 513			

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V 513	Continued From page 26  - He could only smoke during the smoking times - He couldn't smoke outside of the smoking times  Interview on 1/31/24 staff #1 reported: - All clients that smoke adhered to the smoking schedule - If they didn't ask outside of the smoking schedule, staff didn't offer for them to smoke other than the scheduled times  Interview on 2/13/24 the Licensee reported: - They forgot to take the schedule down, but they didn't have a schedule to smoke - The clients held their cigarettes and could do whatever they wanted with their cigarettes - Nobody controlled their cigarettes or the times they could smoke  Interview on 2/15/24 the Qualified Professional reported: - No smoking schedule should have been posted - When she took the smoking schedule down before, someone would make another copy and put it back up - She would speak with staff and clients about clients being able to smoke without a schedule	V 513		
V 784	27G .0304(d)(12) Therapeutic and Habilitative Areas  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules,	V 784		

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V 784	<p>Continued From page 27</p> <p>residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (12) The area in which therapeutic and habilitative activities are routinely conducted shall be separate from sleeping area(s).</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that therapeutic and habilitative activities were conducted separately from sleeping areas affecting 2 of 6 clients (#1, #2). The findings are:</p> <p>Review on 1/31/24 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 11/16/18</li> <li>- Diagnoses: Hypertension, Type 2 Diabetes, Schizophrenia, Hyperlipidemia, Depression, Chronic Kidney Disease, and Hyperthyroidism</li> </ul> <p>Review on 1/31/24 of Client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 6/9/20</li> <li>- Diagnoses: Major Depressive Disorder, Brief Psychotic Disorder, Agitation, Delusions, Feeling Worthlessness</li> </ul> <p>Interview on 1/31/24 Client #1 reported:</p> <ul style="list-style-type: none"> <li>- About 4 weeks ago, she hit client #2 because client #2 swung at her first</li> <li>- They shared a room and she started sleeping on the couch after the fight but then client #2 started sleeping on the couch</li> <li>- They took turns sleeping on the couch</li> </ul> <p>Interview on 1/31/24 Staff #1 reported:</p> <ul style="list-style-type: none"> <li>- She decided to allow either client #1 or client #2 to sleep on the couch because every night they were fighting 3 or 4am waking up staff</li> <li>- Client #1 &amp; Client #2 started sleeping on the</li> </ul>	V 784		

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V 784	<p>Continued From page 28</p> <p>couch sometime in December 2023</p> <p>Interview on 2/8/24 Staff #2 reported:</p> <ul style="list-style-type: none"> <li>- Client #1 &amp; Client #2 never fought with her, so she didn't know how long this had been going on</li> <li>- Client #2 called Client #1 names but they didn't fight</li> <li>- Client #2 slept on the couch the 3 weeks that staff #1 was on shift in January 2024 and client #1 slept on the couch in December 2023 but couldn't say how long</li> </ul> <p>Interview on 2/8/24 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- The Licensee told her that client #1 &amp; #2 sleeping on the couch was a temporary "fix" to them fighting</li> <li>- The Licensee told her that she was in the process of trying to find another placement for client #2</li> <li>- She put in place that the client cannot sleep long term on the couch and they both need to sleep in their rooms and if something happened, staff needed to reach out to the QP and the Administrator</li> </ul> <p>Interview on 2/13/24 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- They were going to move client #2 to a higher level of care</li> <li>- Sleeping on the couch was just a way to separate client #1 &amp; #2 and to keep the peace</li> <li>- "It was nobody's idea, they (staff) just did it"</li> <li>- Staff stayed with the aggressor (client #2) on the couch and it was not every day</li> <li>- The aggression was something new for client #2, maybe about 3 months</li> </ul>	V 784			