

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/16/2024
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NAME OF PROVIDER OR SUPPLIER KELLY'S CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2073 HARRIS-HENRIETTA ROAD MOORESBORO, NC 28114
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on January 16, 2024. The complaint was substantiated (intake #NC00209483). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 116	<p>27G .0209 (A) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(a) Medication dispensing:</p> <p>(1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe.</p> <p>(2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing.</p> <p>(3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of</p>	V 116	<p style="text-align: center;">RECEIVED FEB 22 2024 DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]
BSQP

TITLE

Director of Operations

(X6) DATE

2-8-24

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V 116	<p>Continued From page 1</p> <p>methadone is not considered dispensing.</p> <p>(4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure medication dispensing was restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy affecting 1 of 4 audited clients (Client #1). The findings are:</p> <p>Review on 12/20/23 of Client #1's record revealed: -date of admission 6/16/17. -diagnoses of Mild Intellectual Developmental Disability, Attention-Deficit Hyperactivity Disorder, Pervasive Developmental Disorder, Traumatic Brain Injury, Schizoaffective Disorder unspecified, Obesity, Oppositional Defiance Disorder, Generalized Anxiety Disorder, and Autism Spectrum Disorder. -6/15/23 physician order for Lorazepam (Anxiety) 0.5 milligrams (mg) - 1 tablet 3 times a day.</p> <p>Interview on 12/22/23 with an anonymous reporter revealed:</p>	V 116		
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V 116	<p>Continued From page 2</p> <p>-medications were seen, on multiple occasions, in a little white cup on top of the medication cart and no staff were present.</p> <p>-unsure of who the medication belonged to.</p> <p>Interviews on 12/19/23 and 12/20/23 with Staff #1 revealed:</p> <p>-Client #1 had a 2:00 p.m. medication, a "narc (narcotic)," which was Lorazepam.</p> <p>-once he gave the client his 8:00 a.m. dose, he went ahead and prepared the 2:00 p.m. dose.</p> <p>-it was a "one time thing" when he put Client #1's 2:00 p.m. dose in a white cup and left it on top of the medication cart.</p> <p>-"usually" he would sit the cup with the 2:00 p.m. dose inside of the locked medication cart until it was time for Client #1 to leave for day activities.</p> <p>-"...just had a lot going on that morning...should have put the cup inside the cart...it was just a hectic morning."</p> <p>-in medication training he was taught "to wait" until the client was ready to leave the facility before getting his medication ready.</p> <p>Interview on 12/20/23 with the Registered Nurse revealed:</p> <p>-she provided the medication training to all the staff.</p> <p>-staff were taught to leave the medication in the pharmacy dispensed package until it was time to administer to the client, or until the client was getting ready to leave the facility.</p> <p>-Staff #1 should not dispense the medication prior to the time to be administered or until the client was ready to leave the facility.</p> <p>-she did not train staff to pre-pour medication prior to administration or prior to a client preparing to leave the facility.</p> <p>Interview on 12/20/23 with the Director of</p>	V 116	<p>Staff in question was suspended pending internal investigation. All Kellys 1 staff, including suspended staff were retrained in medication admin by RN.</p> <p>GP or supervisory staff to view at least one med pass weekly to make sure all guidelines are being followed.</p>	12-2-23

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V 116	Continued From page 3 Operations/Qualified Professional revealed: -this was not how Staff #1 was trained and "he knows better than that." This deficiency is cross referenced in 10A NCAC 27G.0209 Medication Requirements (V118) for a Type B rule violation and must be corrected within 45 days.	V 116		
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: (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	V 118		

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V 118	<p>Continued From page 4</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure 1 of 3 audited staff (Staff #1) demonstrated competency in medication training affecting 3 of 4 audited clients (Clients #1, #2, and #4). The findings are:</p> <p>Cross Reference: 10A NCAC 27G.0209 Medication Requirements (V116). Based on record review and interview, the facility failed to ensure medication dispensing was restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy affecting 1 of 4 audited clients (Client #1).</p> <p>Cross Reference: 10A NCAC 27G.0209 Medication Requirements (V119). Based on observation, record review, and interview, the facility failed to dispose of medications in a manner that guarded against diversion or accidental ingestion.</p> <p>Cross Reference: 10A NCAC 27G.0209 Medication Requirements (V120). Based on observation, record review, and interview, the facility failed to store medications in a secure manner affecting 2 of 4 clients audited (Clients #1 and #2).</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Review on 12/20/23 of Staff #1's employee file revealed: -title/position: Paraprofessional. -hire date 8/20/15. -the most recent medication administration training completed on 11/20/23.</p> <p>Review on 12/21/23 of the Plan of Protection dated 12/21/23 written by the Director of Operations/Qualified Professional (QP) revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? All Kellys Care 1 (facility) staff will have medication refresher training to cover administration, disposal, and storage by RN (Registered Nurse) by December 22nd (2023). For the next 45 days, beginning on 12/21 (2023), a supervisor or QP (Qualified Professional) will stop by Kellys 1 unannounced, daily to observe staff [Staff #1] perform a med (medication) pass and check his med cart. He will be corrected and prompted as needed to make sure all passes adhere to state rules and KDSS [KD Support Services] (Licensee) policies and procedures. All other Kellys 1 staff will be monitored on at least one med pass per shift during this 45 day period as well. At the end of the 45 day period, KDSS supervisory staff (Director of Operations, residential supervisors, QP's) will meet to review the results of the 45 days of monitoring. If there are no areas of concern, staff [Staff #1] will begin being monitored one med pass per shift, this monitoring will continue for all staff at Kellys 1 indefinitely. Any problem areas noted will be reported to the Director of Operations so that additional training can be scheduled if needed. As of 12/12/23, QP [name] will add a full med cart review for each of her two visits per month in addition to the med pass observation. These cart reviews will be a permanent addition to all QP</p>	V 118	<p>All Kellys Care 1 Staff to be retrained in med admin, storage, and disposal. Staff in question, DB, suspended pending internal investigation. KDSS will adhere to quoted plan from plan of protection, with all staff being monitored for at least 1 med pass for shift and DB, should he return, being monitored for 1 med pass daily. Results of these monitorings will be submitted to Director of Ops to review and take appropriate action.</p>	12-22-23
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V 118	<p>Continued From page 6</p> <p>visits. Any new hires will be subjected to same process described for staff [Staff #1] during their first 30 days of employment, with one med pass per day being monitored. At the end of this 30 day period, if there are no concerns, they will be monitored on one pass per shift.</p> <p>Describe your plans to make sure the above happens.</p> <p>Director of Operations, [name] supervisors [names], and QP [name] will be responsible for monitoring and implementing this plan. [QP and House Manager] will coordinate to make sure one of them observes at least one med pass for [Staff #1] per day. Their observations will be relayed to [Director of Operations/QP] daily, and he will determine if additional training is needed, and be responsible for making sure training is scheduled if needed."</p> <p>This facility served clients diagnosed with Intellectual Developmental Disability, Attention-Deficit Hyperactivity Disorder, Pervasive Developmental Disorder, Traumatic Brain Injury, Schizoaffective Disorder, Autism Spectrum Disorder, Oppositional Defiance Disorder, Generalized Anxiety Disorder, Major Neurocognitive Disorder, Psychotic Disorder, Dementia, Conduct Disorder, and Impulse Control Disorder. Staff #1 left 2 medications, a nasal spray and inhaler, unsecured on top of the medication cart. Staff #1 disposed 3 full bubble packs of medications in an unsecured open trash can in the kitchen. The medications included Docusate Sodium, Meclizine and Hydroxyzine Pamoate totaling 90 pills. Clients #2 and #3 were in the facility at the time and had access to the trash can and the top of the medication cart. Staff #1 pre-poured Client #1's 2:00 p.m. dose of</p>	V 118	<p>QP's and supervisors providing monitoring will report to Director of Ops immediately 12-22-23 any concerns or errors that arise from monitorings. Director will arrange any additional trainings, monitorings, or supervisions that are needed. Reports from monitorings to be submitted to Director of Ops weekly if there are no concerns. All staff will be retrained in med storage, admin, and disposal.</p>	

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V 118	Continued From page 7 Lorazepam prior to administration time and/or the client leaving for the day. Staff #1 acknowledged his actions did not reflect his training. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients and must be corrected within 45 days.	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.	V 119		

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V 119	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to dispose of medications in a manner that guarded against diversion or accidental ingestion. The findings are:</p> <p>Observation on 12/19/23 between 11:45 a.m. and 12:15 p.m. revalued: -Client's #2 and #3 were sitting at the dining room table eating lunch. -the dining room was adjacent to the kitchen. -both clients finished their meal and walked independently to their respective bedrooms.</p> <p>Observation on 12/19/23 at 1:52 p.m. revealed: -a white trash can, with no lid, in the kitchen sitting between the medication cart and the kitchen counter. -laying on top of the trash were 3 medication bubble packs turned over so the labels were not visible. -2 of the bubble packs had Client #2's name on the top and the following medications: -Docusate Sodium 100 mg - 1 capsule a day PRN for constipation, dispensed 12/22/22, expires 12/2023, 30 tablets dispensed and 30 tablets remained. -Meclizine 12.5 mg - 1 tablet 2 times a day PRN for dizziness, dispensed 12/22/22, expires 12/2023, 30 tablets dispensed and 30 tablets remained. -1 of the bubble packs had Client #4's name on the top and the following medication: -Hydroxyzine Pamoate 25 mg - 1 capsule every 12 hours PRN for anxiety, dispensed</p>	V 119	<p>See previous response. All staff to be retrained in med admin, storage, and disposal. Staff to be monitored while completing med pass at least once per shift.</p>	12-22-23
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V 119	<p>Continued From page 9</p> <p>7/27/23, expires 7/2024, 30 tablets dispensed and 30 tablets remained.</p> <p>Interview on 12/19/23 with Staff #1 revealed: -he threw the medications in the trash can. -he "panicked" and threw them away as he thought they had expired when he saw the 2022 date. -he did not think the clients were taking the medications anymore. -the procedure was to put expired medications in the bottom drawer of the medication cart until they could be picked up for disposal.</p> <p>Interview on 12/19/23 with the House Manager revealed: -she confirmed the proper disposal of medications was to put them in the bottom drawer of the medication cart until she could pick them up.</p> <p>Interview on 12/20/23 with the Registered Nurse revealed: -she provided the medication training to all the staff. -medications to be disposed of should be stored in the medication cart in a locked box. -it was not the protocol to throw discontinued or expired medications in the trash and this was not what staff were trained to do.</p> <p>Interview on 12/20/23 with the Director of Operations/Qualified Professional revealed: -this was not how Staff #1 was trained to dispose of medications. -he felt Staff #1 was "nervous." -medications for disposal were to be placed in the bottom drawer of the medication cart until they could be picked up by the House Manager.</p>	V 119		

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V 119	Continued From page 10 This deficiency is cross referenced in 10A NCAC 27G.0209 Medication Requirements (V118) for a Type B rule violation and must be corrected within 45 days.	V 119		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(e) Medication Storage:</p> <p>(1) All medication shall be stored:</p> <p>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;</p> <p>(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;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to store medications in a secure manner affecting 2 of 4 clients audited (Clients #1 and #2). The findings are:</p>	V 120	<p>All staff to be retrained in med admin, storage, and disposal. All staff to have med pass monitored at least once per shift.</p>	12-22-23

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V 120	<p>Continued From page 11</p> <p>Review on 12/20/23 of Client #1's record revealed: -date of admission 6/16/17. -diagnoses of Mild Intellectual Developmental Disability (IDD), Attention-Deficit Hyperactivity Disorder, Pervasive Developmental Disorder, Traumatic Brain Injury, Schizoaffective Disorder unspecified, Obesity, Oppositional Defiance Disorder, Generalized Anxiety Disorder, and Autism Spectrum Disorder. -6/15/23 physician order for Fluticasone Propionate (allergies) 50 micrograms (mcg) - 2 sprays in each nostril 1 time a day.</p> <p>Review on 12/22/23 of Client #2's record revealed: -date of admission 10/26/22. -diagnoses of Moderate IDD, Schizoaffective Disorder, Major Neurocognitive Disorder with Behavioral Disturbance, Psychotic Disorder, Arthritis, Vitamin D Deficiency, Dyslipidemia, Dementia, Metabolic Syndrome, and Chronic Obstructive Pulmonary Disease. -6/15/23 physician orders for Ventolin HFA (Asthma) 90 mcg inhaler - inhale 1 puff every 8 hours as needed.</p> <p>Observation on 12/19/23 between 11:45 a.m. and 12:15 p.m. revealed: -Client's #2 and #3 were sitting at the dining room table eating lunch. -the dining room was adjacent to the kitchen. -both clients finished their meal and walked independently to their respective bedrooms.</p> <p>Observation and interview on 12/19/23 at 12:25 p.m. with Staff #1 revealed: -the facility medication cart was located in the kitchen. -2 medications were sitting on top of the</p>	V 120		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/16/2024
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NAME OF PROVIDER OR SUPPLIER KELLY'S CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2073 HARRIS-HENRIETTA ROAD MOORESBORO, NC 28114
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V 120	<p>Continued From page 12</p> <p>medication cart with no box or label.</p> <ul style="list-style-type: none"> -1 bottle of Fluticasone Propionate nasal spray - 50 mcg. -1 container of Ventolin HFA 90 mcg inhaler. -the Fluticasone spray belonged to Client #1 and the Ventolin inhaler was for Client #2. -he administered Clients #1 and #2 these medications this morning and "hadn't got around to putting them (medications) up yet." -he then put the medications back into the medication cart. -the boxes with pharmacy labels were located in the medication cart. <p>Observation on 12/19/23 at 1:52 p.m. revealed:</p> <ul style="list-style-type: none"> -a white trash can, with no lid, in the kitchen sitting between the medication cart and the kitchen counter. -laying on top of the trash were 3 medication bubble packs turned over so the labels were not visible. -2 of the bubble packs had Client #2's name on the top and the following medications: <ul style="list-style-type: none"> -Docusate Sodium 100 mg - 1 capsule a day PRN for constipation, dispensed 12/22/22, expires 12/2023, 30 tablets dispensed and 30 tablets remained. -Meclizine 12.5 mg - 1 tablet 2 times a day PRN for dizziness, dispensed 12/22/22, expires 12/2023, 30 tablets dispensed and 30 tablets remained. -1 of the bubble packs had Client #4's name on the top and the following medication: <ul style="list-style-type: none"> -Hydroxyzine Pamoate 25 mg - 1 capsule every 12 hours PRN for anxiety, dispensed 7/27/23, expires 7/2024, 30 tablets dispensed and 30 tablets remained. <p>Interview on 12/20/23 with the Registered Nurse revealed:</p>	V 120	<p><i>All staff to be retrained in med admin, storage, and disposal. All staff to have med passes monitored by QP or supervisor at least once per shift. Director of Ops to schedule additional trainings, supervisions, and monitorings as needed based on results of monitoring.</i></p>	12-22-23

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V 120	<p>Continued From page 13</p> <p>-she provided the medication training to all the staff.</p> <p>-medications should always be kept in the locked medication cart and should never be left unsecured.</p> <p>-staff were never trained to leave a medication unsecured.</p> <p>Interview on 12/20/23 with the Director of Operations/Qualified Professional revealed: -this was not how Staff #1 was trained and "he knows better than that."</p> <p>This deficiency is cross referenced in 10A NCAC 27G.0209 Medication Requirements (V118) for a Type B rule violation and must be corrected within 45 days.</p>	V 120		
V 513	<p>27E .0101 Client Rights - Least Restrictive Alternative</p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE</p> <p>(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:</p> <p>(1) using the least restrictive and most appropriate settings and methods;</p> <p>(2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;</p> <p>(3) providing choices of activities meaningful to the clients served/supported; and</p> <p>(4) sharing of control over decisions with the client/legally responsible person and staff.</p> <p>(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</p>	V 513		

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V 513	<p>Continued From page 14</p> <p>intervention. These include:</p> <p>(1) using the intervention as a last resort; and</p> <p>(2) employing the intervention by people trained in its use.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to provide services that promoted a respectful environment using the least restrictive alternative affecting 4 of 4 audited clients (Clients #1, #2, #3 and #4). The findings are:</p> <p>Observation on 12/19/23 at approximately 1:34 p.m. revealed:</p> <ul style="list-style-type: none"> -the refrigerator in the kitchen had 1 pitcher of water, there was nothing else in the refrigerator. -no snacks or other food was observed in the kitchen or in the kitchen cabinets. -a door in the dining room that had a key lock on the outside. -Staff #1 unlocked the door. -there was a pantry along the wall on the left side of the room stocked with canned items and fruit. -there was a refrigerator in the room stocked with a variety of food. <p>Observation on 1/8/24 at approximately 11:50 a.m. revealed:</p> <ul style="list-style-type: none"> -the refrigerator in the kitchen had a pitcher of water and a package of bacon. -no other food items were observed in the kitchen where clients could have access. <p>Interview on 12/19/23 with Client #1 revealed:</p> <ul style="list-style-type: none"> -in order to have a snack he would have to ask 	V 513		

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V 513	<p>Continued From page 15</p> <p>staff, but "I don't want to ask staff (Staff #1)."</p> <p>Interview on 12/19/23 with Client #2 revealed: -"sometimes" he felt like he got enough food. -he "can't" go get a snack.</p> <p>Interview on 12/19/23 with Client #3 revealed: -doesn't like to ask for snacks.</p> <p>Interview on 12/19/23 with Client #4 revealed: -he was not interviewable.</p> <p>Interview on 12/20/23 with Staff #2 revealed: -one of the clients would "eat everything" in the kitchen if there was food left out.</p> <p>Interview on 12/19/23 with the House Manager revealed: -if snacks were left out they would have to "deal with roaches" due to clients leaving the wrappers around the facility.</p> <p>Interview on 12/22/23 with the Director of Operations/Qualified Professional revealed: -the food was locked in the pantry due to a client eating "everything in sight" when food was left out. -he would talk to staff about leaving food out for the clients.</p>	V 513	<p><i>KDSS will research and implement a plan to allow clients to access snacks while still protecting health and safety of client who cannot control eating.</i></p>	3-1-24
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V 542	<p>27F .0105(a-c) Client Rights - Client's Personal Funds</p> <p>10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS</p> <p>(a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days.</p> <p>(b) Each competent adult client and each minor</p>	V 542		
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V 542	<p>Continued From page 16</p> <p>above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts. (c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that:</p> <ol style="list-style-type: none"> (1) assure to the client the right to deposit and withdraw money; (2) regulate the receipt and distribution of funds in a personal fund account; (3) provide for the receipt of deposits made by friends, relatives or others; (4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account; (5) assure that a client's personal funds will be kept separate from any operating funds of the facility; (6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client; (7) provide for the issuance of receipts to persons depositing or withdrawing funds; and (8) provide the client with a quarterly accounting of his personal fund account. <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain records regarding the receipt and distribution of client funds and provide a quarterly accounting of personal funds affecting 1 of 4 audited clients (Client #3). The findings are:</p>	V 542	<p>Client will receive quarterly statement 3-1-24 reflecting balance of personal funds. Receipts will be maintained for any purchases made on behalf the client and signed slips maintained for any cash given to client.</p>	
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V 542	<p>Continued From page 17</p> <p>Review on 12/22/23 of Client #3's record revealed: -date of admission 1/25/21. -diagnoses of Autism Spectrum Disorder, Schizophrenia, Attention Deficit Disorder, Depression and Nicotine Dependence.</p> <p>Review on 12/22/23 of a typed piece of paper provided by the Director of Operations/Qualified Professional on 12/22/23 of "[Client #3's] Personal Funds" revealed: -a balance started 5/21/21. -there were no receipts, or descriptions for the 8 withdrawals (6/10/21, 12/20/21 (4 amounts), 4/9/22, 8/27/22, and 4/19/23) taken out of the account since it was started.</p> <p>Interview on 12/19/23 with Client #3 revealed: -received a large amount of money, "\$8,457.70" from his dad and had not been able to spend "any" of it since August of 2022. -was told by "staff members" the Director of Operations/QP had a safe and "supposedly that's where my money is at." -had not received any up-to-date information about how much he had left and "even if I still have it up there (office)."</p> <p>Interview on 12/22/23 with the Director of Operations/QP revealed: -a "running tab" was kept for Client #1's money "in the ledger." -the money was kept in a "payee account" and when Client #1 asked for it he would give it to him. -he was not aware receipts were needed to account for the distribution of Client #1's funds or that a quarterly statement was required.</p>	V 542		