

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/18/2024
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NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD WINSTON SALEM, NC 27105
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(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 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 3/18/24. The complaint was substantiated (intake # NC00214715). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living with Adults with Mental Illness.</p> <p>The facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 6 current clients.</p> <p>A sister facility is listed in this report. The sister facility will be identified as sister facility A.</p> <p>A Summary Suspension was completed on 3/12/24.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</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>	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 105	<p>Continued From page 1</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 needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(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;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges:</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(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;</p>	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 interview and record review, the facility failed to implement written policies for the assurance of record accessibility to authorized users at all times. The findings are:</p> <p>Interview on 3/11/24 with staff #1 revealed:</p> <ul style="list-style-type: none"> - She did not have access to any client records at the facility <p>Interview on 3/11/24 with the Qualified Professional #1 (QP #1) revealed:</p> <ul style="list-style-type: none"> - There were no client or staff records available for review at the facility - She was on a train returning to North Carolina and would not be back until "7:12" pm on 3/11/24 - She did not have access to her work computer as it was packed with her belongings - She would provide the requested documents upon her return home <p>Requests for documents from the QP #1 on 3/12/24 and on 3/14/24 and the Owner (O)/Agency Director (AD)/Qualified Professional #2 (QP #2)/Nurse Supervisor (NS)/Certified Nurse Practitioner (CNP) on 3/15/24 revealed:</p> <ul style="list-style-type: none"> - On 3/12/24, at 8:55 am, a request was sent via email by the Department of Health Service Regulation (DHSR) surveyor to the QP #1 for the 	V 105		

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V 105	<p>Continued From page 3</p> <p>records of clients #1, #2, #3, #4, #5 and #6 to include face sheets, admission assessments, and their most current treatment plans</p> <ul style="list-style-type: none"> - QP #1 did not respond to the request on 3/12/24 or on 3/13/24 - On 3/14/24 at 11:33 am, a second email was sent by the DHSR surveyor to the QP #1 which stated "[Name of QP], I realize you are working to place 11 individuals and to address any number of other issues so if you can have documents I requested to me by noon on Monday (3/18/24), it would be greatly appreciated. Please advise if this will work for you." - On 3/14/24 at 11:38 am, the QP#1 responded with the following: "Good morning, no this will not work for me. Friday 3/15/24 will be my last day with the company. The [O/AD/QP#2/NS/CNP] will need to be contacted to provide the information. Thank you." - On 3/15/24, at 11:14 am, a request for client records was emailed by the DHSR surveyor to the O/AD/QP#2/NS/CNP with a deadline to have the records sent to the DHSR surveyor by noon on 3/18/24 - On 3/18/24 at 11:22 am, a second email was sent by the DHSR surveyor to the O/AD/QP#2/NS/CNP asking about the status of the request for the client records as it was getting close to the 12 pm deadline - On 3/18/24 at 12:14 pm, the O/AD/QP#2/NS/CNP responded to the second email with "Sorry I am just getting back into town. I will have [QP #1] forward you this information ASAP (As Soon As Possible)." - On 3/18/24 at 1:35 pm, the O/AD/QP#2/NS/CNP sent documents to the DHSR surveyor; however, they were either incomplete or were not what had been requested <p>Review on 3/18/24 of the facility's policy and</p>	V 105		
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V 105	<p>Continued From page 4</p> <p>procedures regarding the "Confidentiality of Computerized Consumer Information" revealed:</p> <ul style="list-style-type: none"> - "...In house computerization information is secured through individual sign on codes that allow designated staff to have access to confidential consumer information in order to perform their job duties..." <p>Per the QP#1's request, a telephone interview was scheduled with her for 4 pm on 3/15/24; however, three attempts to reach her via telephone on 3/15/24 were unsuccessful as calls went unanswered.</p> <p>Interview on 3/18/24 with the O/AD/QP#2/NS/CNP revealed:</p> <ul style="list-style-type: none"> - Client records were maintained electronically and staff should have been able to access client information on behalf of the surveyor - "We went electronic a few years ago...we took paper charts out of the home; I want to say in 2015..." - Staff have "[electronic tablets] or desktop computers in the home... (facility)." - Although the facility had recently transitioned to a new computer program to maintain client records, staff still had access to the old program and should have been able to utilize it to obtain client records <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation for serious neglect and must be corrected within 23 days.</p>	V 105		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL</p>	V 108		

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V 108	<p>Continued From page 5</p> <p>REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(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.</p> <p>(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.</p> <p>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 to meet the mh/dd/sa needs of the client as</p>	V 108		

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V 108	<p>Continued From page 6</p> <p>specified in the treatment/habilitation plan. The findings are:</p> <p>Requests from 3/11/24-3/18/24 to review staff #1's record was not met as the record was unable to be viewed due to the failure of the Owner (O)/Agency Director (AD)/Qualified Professional #2 (QP#2)/Nurse Supervisor (NS)/Certified Nurse Practitioner (CNP) to ensure the staff's record she sent via an email was in a viewable format.</p> <p>Review on 3/11/24 of the Statement of Deficiency (2567) form used by the Division of Health Service Regulation (DHSR) from an annual, complaint and follow up survey completed by a DHSR surveyor on 4/13/23 revealed:</p> <ul style="list-style-type: none"> - A hire date of 2/25/21 for staff #1 <p>Interview on 3/18/24 with the O/AD/QP#2/NS/CNP revealed:</p> <ul style="list-style-type: none"> - She had sent staff records via an email to the DHSR surveyor as requested - When advised the records were unable to be viewed by the DHSR surveyor, the O/AD/QP#2/NS/CNP stated "ok." <p>Prior to the close of the survey on 3/18/24, the O/AD/QP#2/NS/CNP failed to provide any additional direction and/or assistance to the DHSR surveyor to ensure the record could be reviewed.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation for serious neglect and must be corrected within 23 days.</p>	V 108		

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V 109	Continued From page 7	V 109		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p>	V 109		

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V 109	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on record review, interview, and observation, 1 of 1 audited qualified professional (the Owner (O)/Agency Director (AD)/Qualified Professional #2 (QP #2)/Nurse Supervisor (NS)/Certified Nurse Practitioner (CNP)) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0201 Governing Body Policies (V105). Based on interview and record review, the facility failed to implement written policies for the assurance of record accessibility to authorized users at all times.</p> <p>Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V108). Based on record review and interview, the facility failed to ensure 1 of 1 staff (#1) were trained to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan.</p> <p>Cross Reference: 10A NCAC 27G .0402 License Issuance (V136). Based on record review and interview, the facility failed to provide services at the specific premises for which they were licensed.</p> <p>Cross Reference: 10A NCAC 27G .5603 Operations (V291). Based on observation, record review and interview, the facility failed to provide clients with activities based on his/her choices, needs and the treatment/habilitation plan affecting 3 of 6 audited clients (#4, #5 and #6).</p>	V 109		

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V 109	<p>Continued From page 9</p> <p>Cross Reference: 10A NCAC 27G .0303 Location and Exterior Requirements (V738). Based on record review and interview, the facility was not kept free from insects.</p> <p>Requests from 3/11/24-3/18/24 to review the O/AD/QP#2/NS/CNP's record was not met as the record was unable to be viewed due to O/AD/QP#2/NS/CNP's failure to ensure the record she sent via an email was in a viewable format.</p> <p>Review on 3/18/24 of the Statement of Deficiency (2567) form used by the Division of Health Service Regulation (DHSR) during an annual and follow up survey at a sister facility completed by a DHSR surveyor on 12/4/23 revealed:</p> <ul style="list-style-type: none"> - The O/AD/QP#2/NS/CNP's date of hire was 6/10/09 - Her education included a Master of Science Degree in Nursing - A job description signed 3/21/09 which listed her duties and responsibilities as AD and NS included"... regularly assess the nursing needs of the client through client admissions, supervisory visits, and review the client plan of care as needed; observe and document any changes to clients physical or emotional condition during assessment; conduct chart and medication audits quarterly and as needed; observe and document signs and symptoms of any reactions to treatment, or drugs and other significant incidents as needed; monitors compliance with Federal and State Regulatory agencies and other certifying bodies; complies with local, state, and federal standards, laws, and regulations in order to maintain office's license and certifications; has administrative responsibility for the operations of the agency; responsible for effective and efficient 	V 109		

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V 109	<p>Continued From page 10</p> <p>use of all resources in carrying out the organizations purpose; assures the availability and provision of care and services; responsible for managing expenditures and overseeing branch budget; ensure that interdisciplinary care team meetings are held for continual updating of client care plans, exchange of information, and problem solving..."</p> <p>Interviews on 3/12/24 and on 3/18/24 with the O/AD/QP#2/NS/CNP revealed:</p> <ul style="list-style-type: none"> - She was responsible for the overall operation of the facility - "...I'm hardheaded...I actually went back to school to become a Nurse Practitioner to be able to serve our clients with mental health medications, Lord, as soon as I get that, all the homes are going haywire...I feel like I'm burnt out..." <p>Review on 3/18/24 of the Plan of Protection dated 3/18/24 and written by the O/AD/QP#2/NS/CNP revealed:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to ensure the safety of the consumers in your care? All clients have been removed and placed at another facility on 3/15/24. - Describe your plans to make sure the above happens. All clients have been confirmed placed in the care of other facilities." <p>The facility served six clients with diagnoses which included Schizophrenia, Paranoid Type; Schizoaffective Disorder (D/O); Schizoaffective D/O, Bipolar Type; Intellectual Developmental Disability; Cannabis and Alcohol Use, Uncomplicated. Five of the six clients had been deemed incompetent and required legal guardians to assist in their care. Due to the (Owner (O)/Agency Director (AD)/Qualified</p>	V 109		

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V 109	Continued From page 11 Professional #2 (QP #2)/Nurse Supervisor (NS)/Certified Nurse Practitioner's (CNP's) failure to keep the rental payments current on the facility and a failure to appear before a magistrate on 2/26/24 to address the property owners request for a resolution to the matter, a judgment was entered against her and an order of eviction from the facility was scheduled for 3/15/24. While the O/AD/QP #2/NS/CNP was aware of the scheduled eviction, she failed to notify the facility's clients, their legal guardians, and any facility staff. On 3/11/24, staff did not have access to client records and had to make several phone calls to management before finally reaching QP #1 who was out of state and unable to assist with accessing the records. Although multiple requests were made, staff records and complete client records were not made available for review, records which would have reflected if staff were capable of meeting the treatment needs of the clients being served. Clients could not report any specific activities scheduled for their day, aside from one client's desire to obtain money to purchase cigarettes. The facility had recently been determined to be infested with bedbugs and due to the impending eviction, the O/AD/QP#2/NS/CNP had decided not to move forward with the treatment necessary to rid the facility of the insects. The O/AD/QP#2/NS/CNP acknowledged she was responsible for the day to day operation of the facility and therefore, the failure of the O/AD/QP#2/NS/CNP to address the issues affecting the facility, its staff and its clients constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 109		
V 136	27G .0402 (C-F) License Issuance 10A NCAC 27G .0402 LICENSE ISSUANCE	V 136		

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NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD WINSTON SALEM, NC 27105
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V 136	<p>Continued From page 12</p> <p>(c) DFS shall conduct an on-site inspection to determine compliance with all rules and statutes. If the facility is operated by or contracted with an area program, DFS may, in lieu of conducting an on-site inspection, accept written verification from the area program or DMH/DD/SAS that the area program or DMH/DD/SAS has conducted an on-site review and the facility is in compliance with rules and statutes. The written verification shall be in such form as DFS may require.</p> <p>(d) DFS shall issue a license after it determines a facility is in compliance with:</p> <p>(1) Certificate of Need law (G.S. 131E-183) and Certificate of Need rules as codified in 10 NCAC 3R .2400, .2500, or .2600, whichever is applicable;</p> <p>(2) Building Code and physical plant requirements in these Rules;</p> <p>(3) Annual fire and safety and sanitation requirements, with the exception of a day/night or periodic service that does not handle food for which a sanitation inspection report is not required; and</p> <p>(4) Applicable rules and statutes.</p> <p>(e) Licenses shall be issued to the specific premise for types of services indicated on the application.</p> <p>(f) A separate license shall be required for each facility which is maintained on a separate site, even though the sites may be under the same ownership or management.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide services at the specific premises</p>	V 136		

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V 136	<p>Continued From page 13</p> <p>for which they were licensed. The findings are:</p> <p>Review on 3/11/24 of a "Complaint in Summary Ejection" dated 2/14/24 from the "General Court of Justice - District Court Division - Small Claims" in the county where the facility was located revealed:</p> <ul style="list-style-type: none"> - The defendant (the Owner (O)/Agency Director (AD)/Qualified Professional #2 (QP #2)/Nurse Supervisor (NS)/Certified Nurse Practitioner (CNP)) breached the condition of the lease described below for which re-entry is specified..." <p>Review on 3/11/24 of a "Magistrate Summons" dated 2/15/24 revealed:</p> <ul style="list-style-type: none"> - The O/AD/QP#2/NS/CNP had been "notified to appear before the magistrate" on 2/26/24 at 9:30 am to address a small claims action filed by the law practice representing the owner(s) of the facility <p>Review on 3/11/24 of a "Judgment in Action for Summary Ejection" order dated 2/26/24 from the same court revealed:</p> <ul style="list-style-type: none"> - "...The defendant(s) (the O/AD/QP#2/NS/CNP) be removed from and the plaintiff be put in possession of the premises described in the complaint..." - The O/AD/QP#2/NS/CNP failed to "pay the rent per the commercial lease..." - Amount of the monthly rent was \$2472.00 - The O/AD/QP#2/NS/CNP was not present for the hearing held before a magistrate on 2/26/24 <p>Review on 3/13/24 of a "final notice to the landlord of eviction" dated 3/8/24 from the county sheriff's department revealed:</p> <ul style="list-style-type: none"> - Deputies would evict the tenants of this facility and two sister facilities beginning at 8:30 	V 136		

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V 136	<p>Continued From page 14</p> <p>am on 3/15/24 with a deputy to "secure the premises and lock their property inside..."</p> <p>Interview on 3/11/24 with the Qualified Professional #1 revealed:</p> <ul style="list-style-type: none"> - Was not aware of a scheduled eviction from the facility on 3/15/24 - Aware of court papers having been delivered to the office on 2/22/24 - She took photos of the documents and texted photos of the documents to the O/AD/QP#2/NS/CNP - The O/AD/QP#2/NS/CNP responded "OK" via a text message to the QP #1; however, the O/AD/QP#2/NS/CNP did not offer any additional response regarding the court documents <p>Left the documents on the desk at the office for the O/AD/QP#2/NS/CNP to review once she came to the office</p> <p>Interviews on 3/11/24 and on 3/12/24 with the O/AD/QP#2/NS/CNP revealed:</p> <ul style="list-style-type: none"> - Acknowledgement of the scheduled eviction on 3/15/24 - Had gotten behind on the rental payments for the facility - The owner of the property was unwilling to work out other payment arrangements and instead chose to begin eviction proceedings <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 for serious neglect and must be corrected within 23 days.</p>	V 136		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p>	V 291		

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V 291	<p>Continued From page 15</p> <p>(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.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(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 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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide clients with activities based on his/her choices, needs and the treatment/habilitation plan affecting 3 of 6 audited clients (#4, #5 and #6). The findings are:</p>	V 291		

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V 291	<p>Continued From page 16</p> <p>Observation on 3/11/24 at 10:29 am of the facility revealed:</p> <ul style="list-style-type: none"> - No staff or facility vehicles parked at the facility <p>Observation on 3/11/24 at 10:30 am of client #4 revealed:</p> <ul style="list-style-type: none"> - Client #4 exit the facility and walked towards the driveway where he remained until 11 am <p>Observation on 3/11/24 at 10:33 am of clients #5 and #6 revealed:</p> <ul style="list-style-type: none"> - Clients sitting quietly in the dining area near the kitchen <p>Interview on 3/11/24 with client #4 revealed:</p> <ul style="list-style-type: none"> - He did not attend a day program and remained at the facility throughout the day - Multiple requests for "change" from the Division of Health Service Regulation (DHSR) surveyor so he could walk to a convenience store to purchase cigarettes - Once he was informed the DHSR surveyor could not give him any money, he requested the DHSR surveyor transport him to the convenience store so she could use her "debit card" to purchase cigarettes for him <p>Interview on 3/11/24 with clients #5 and #6 revealed:</p> <ul style="list-style-type: none"> - Neither client attended a day program - No activities were scheduled for the day/evening <p>Review on 3/18/24 of client #4's record revealed:</p> <ul style="list-style-type: none"> - No documentation of an admission date - Diagnoses of Schizoaffective Disorder (D/O); Intellectual Disability D/O, Mild - No evidence of a treatment/habilitation service plan 	V 291		

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V 291	<p>Continued From page 17</p> <p>Review on 3/18/24 of client #5's record revealed:</p> <ul style="list-style-type: none"> - No documentation of an admission date - Diagnoses of Schizophrenia; Alcohol Use D/O, Mild and Cannabis Use D/O, Mild - No evidence of a current treatment plan <p>Review on 3/18/24 of client #6's record revealed:</p> <ul style="list-style-type: none"> - No documentation of an admission date - No diagnoses listed - No evidence of a current treatment plan <p>Per the Qualified Professional #1's request, a telephone interview was scheduled with her for 4 pm on 3/15/24; however, three attempts to reach her via telephone on 3/15/24 were unsuccessful as the calls went unanswered.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation for serious neglect and must be corrected within 23 days.</p>	V 291		
V 738	<p>27G .0303(d) Pest Control</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility was not kept free from insects. The findings are:</p>	V 738		

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V 738	<p>Continued From page 18</p> <p>Interview on 3/11/24 and on 3/12/24 with the Owner (O)/Agency Director (AD)/Qualified Professional #2 (QP#2)/Nurse Supervisor (NS)/Certified Nurse Practitioner (CNP) revealed:</p> <ul style="list-style-type: none"> - The facility currently had bedbugs - Bedbugs had been located in the "foundation" of the facility - A pest control professional had been to the facility "last week" and determined there were bedbugs in the facility - Plans had been made to treat the facility; however, since the facility was closing on 3/15/24 due to an impending eviction of the clients from the facility, she had chosen not to have the facility treated - She would provide the Division of Health Service Regulation (DHSR) surveyor with documents from the pest control company which reflected the results of their inspection - No indication of how long the facility had bedbugs was provided by the O/AD/QP#2/NS/CNP <p>Per the Qualified Professional #1's request, a telephone interview was scheduled with her for 4 pm on 3/15/24; however, three attempts to reach her via telephone on 3/15/24 were unsuccessful as calls went unanswered.</p> <p>Review on 3/18/24 of an estimate (no date listed) from a pest control company revealed:</p> <ul style="list-style-type: none"> - The cost to treat the facility for bedbugs would be \$4000.00 <p>No interviews were conducted with the clients as the information regarding the bedbug infestation was not revealed until after the surveyor had entered and left the facility on 3/11/24</p> <p>This deficiency is cross referenced into 10A</p>	V 738		

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V 738	Continued From page 19 NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals for a Type A1 for serious neglect and must be corrected within 23 days,	V 738		