

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-380	(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 #8	STREET ADDRESS, CITY, STATE, ZIP CODE 937 GLENCOE STREET WINSTON SALEM, NC 27107
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 3/18/24. The complaint was substantiated (intake #NC00214746). 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 5 and currently has a census of 5. The survey sample consisted of audits of 5 current clients.</p> <p>A sister facility is identified 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 interviews, record review, and observation, the facility failed to implement written policies regarding the assurance of record accessibility to authorized users at all times. The findings are:</p> <p>Review on 3/18/24 of the facility's policy and procedures regarding the "Confidentiality of Computerized Consure Information" revealed: -"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> <p>Interview on 3/11/24 with staff #1 revealed: -He had no access to provide information for current clients such as diagnoses, birthdates, which clients had a legal guardian, guardian contact information, and treatment plans; -The Qualified Professionals' Assistant (QPA) maintained client information and provided it to the staff when necessary.</p> <p>Observation and interviews on 3/11/24 at approximately 9:50am - 12:35pm with staff #2 revealed: -He had no access to provide information for current clients such as diagnoses, birthdates,</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>which clients had a legal guardian, guardian contact information, and treatment plans; -The QPA maintained client information and provided it to the staff when necessary; -Attempted to contact the QPA at 9:55am for client information; -Had not been able to get in contact with the QPA as of 12:35pm.</p> <p>Interview on 3/18/24 with the Licensee/Qualified Professional/Agency Director/Nursing Supervisor/Certified Nurse Practitioner revealed: -Staff #1 and #2 should have been able to access client information; -Client records were maintained electronically; -"We went electronic a few years ago...We took paper charts out of the home (facility) I want to say in 2015...They (staff) have [electronic tablets] or desktop computers in the home;" -The facility had recently transitioned to a new electronic program to maintain records and the staff had not been trained to utilize it yet..."We were trying to train and get them ready;" -Staff still had access to the prior program and should have been able to utilize it to locate client records.</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 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 REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be</p>	V 108		

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V 108	<p>Continued From page 4</p> <p>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 interview and record reviews, the facility failed to ensure 2 of 2 paraprofessional staff (#1 and #2) were trained to meet the individualized needs of the clients. The findings are:</p>	V 108		

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V 108	<p>Continued From page 5</p> <p>Attempted reviews on 3/11/24, 3/12/24, 3/15/24 and 3/18/24 of staff #1 and #2's personnel records were not successful as the records were requested from the Licensee/Qualified Professional (QP)/Agency Director/Nursing Supervisor/Certified Nurse Practitioner but not received prior to exit.</p> <p>Additional attempted review on 3/14/24 of staff #1 and #2's personnel records was not successful as the records were requested from the Qualified Professional (QP) #1 but not received prior to exit.</p> <p>Interview on 3/11/24 with staff #2 revealed: -He was not aware of the clients' diagnoses or treatment plan goals; -When clients were aggressive, staff called 911 and texted the QP Assistant (QPA); -The QPA typically called back the same day he received the text; -He thought he had completed all required trainings with the QP #1.</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 and must be corrected within 23 days.</p>	V 108		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills</p>	V 109		

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V 109	<p>Continued From page 6</p> <p>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> <p> </p> <p>This Rule is not met as evidenced by: Based on interviews, record reviews and observations, 1 of 1 audited qualified professional (Licensee/Qualified Professional/Agency Director/Nursing Supervisor/Certified Nurse Practitioner (L/QP/AD/NS/CNP)) failed to</p>	V 109		

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V 109	<p>Continued From page 7</p> <p>demonstrate 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 interviews, record review, and observation, the facility failed to implement written policies regarding the assurance of record accessibility to authorized users at all times.</p> <p>Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V108) Based on interview and record reviews, the facility failed to ensure 2 of 2 audited staff (#1 and #2) were trained to meet the individualized needs of the clients.</p> <p>Cross Reference: 10A NCAC 27G .0402 License Issuance (V136) Based on interviews and record reviews, 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 interviews, record reviews and observations, the facility failed to ensure 5 of 5)#1, #2, #3, #4, and #5)clients had activity opportunities based on their choices and needs.</p> <p>Attempted reviews on 3/11/24, 3/12/24, 3/15/24 and 3/18/24 of the L/QP/AD/NS/CNP's personnel record was not successful as the records were requested from the Director but not received prior to exit.</p> <p>Additional attempted review on 3/14/24 of the L/QP/AD/NS/CNP's personnel record was not successful as the records were requested from</p>	V 109		

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V 109	<p>Continued From page 8</p> <p>the QP #1 but not received prior to exit.</p> <p>Review on 3/11/24 of a Sister Facility A's Division of Health Service Regulation Statement of Deficiencies dated 12/4/23 revealed: O/L/AD/NS/CNP's record: "-Date of Hire: 6/10/09; -Education: Master of Science in Nursing. -Job Description dated 3/21/09 revealed: -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 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."</p> <p>Interviews on 3/11/24, 3/12/24 and 3/18/24 with the L/QP/AD/NS/CNP revealed: -She was responsible for all aspects of the facility; -"I'm hard headed...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> <p>Review on 3/18/24 of a Plan of Protection written by the L/QP/AD/NS/CNP dated 3/18/24 revealed: "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 effective 3/15/24. Describe your plans to make sure the above happens. All clients have been confirm placed in</p>	V 109		

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V 109	<p>Continued From page 9</p> <p>the care of other facilities."</p> <p>The facility served five clients with diagnoses that included Schizophrenia, Schizoaffective Depressive Type with Catatonia Features, Attention Deficit Hyperactivity Disorder, Bipolar Mood Disorder, Intellectual Developmental Disability, Alcohol Abuse, Cannabis Use, Legal Blindness, Hearing Loss and Non-Organic Primary Nocturnal Enuresis. All of the clients had been declared incompetent and a legal guardian appointed. The L/QP/AD/NS/CNP failed to pay rental payments on the facility and failed to appear for her court date to defend herself which resulted in an order of eviction from the premises. Two weeks after the order of eviction and five days prior to the planned eviction date and the L/QP/AD/NS/CNP had not notified the clients, their legal guardians, or the facility staff. The facility, facility staff were unable to provide client information such as birthdays, diagnoses, which clients had been appointed guardians and contact information for the guardians. Facility staff were unsuccessful when they attempted to contact management for 2 hours and 40 minutes. Requests for staff records were made 5 different days during the survey but none were received. Therefore, there was no documentation that paraprofessionals had been trained to meet the needs of the clients. According to facility staff, if clients wanted the opportunity to participate in activities, clients had to attend a day program. The L/QP/AD/NS/CNP acknowledged that she was responsible for all aspects of the facility and her failure to address the issues affecting the facility demonstrated a lack of competency. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.</p>	V 109		

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V 136	Continued From page 10	V 136		
V 136	<p>27G .0402 (C-F) License Issuance</p> <p>10A NCAC 27G .0402 LICENSE ISSUANCE</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>	V 136		

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V 136	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to provide services at the specific premises for which they were licensed. The findings are:</p> <p>Review on 3/11/24 of a "Complaint in Summary Ejectment" dated 2/14/24 from the District Court Division - Small Claims revealed: -"The defendant (Licensee/Qualified Professional/Agency Director/Nursing Supervisor/Certified Nurse Practitioner) (L/QP/AD/NS/CNP) breached the condition of the lease; -Failure to pay rent per the commercial lease; -The plaintiff (landowner) has demanded possession of the premises from the defendant, who has refused to surrender it, and the plaintiff is entitled to immediate possession; -Plaintiff is not seeking monetary damages in this action, Plaintiff reserves their right to pursue monetary damages in a separate legal proceeding filed in a court of competent jurisdiction."</p> <p>Review on 3/11/24 of a "Magistrate Summons" dated 2/15/24 from the District Court Division - Small Claims revealed: -"You (L/QP/AD/NS/CNP) are notified to appear before the magistrate...If you fail to appear and defend against the proof offered, the magistrate may enter a judgment against you; -Date of Trial 2/26/24; -Time of Trial 9:30AM."</p> <p>Review on 3/11/24 of a "Judgment in Action for Summary Ejectment" dated 2/26/24 from the District Court Division - Small Claims revealed: -"The court finds that defendant was not present,</p>	V 136		

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V 136	<p>Continued From page 12</p> <p>and was served by posting; -It is ordered that the defendant be removed from and the plaintiff be put in possession of the premises described in the complaint."</p> <p>Review on 3/11/24 of a "Final Notice to Landlord of Eviction" dated 3/8/24 from the Office of the Sheriff revealed: -"The Sheriff's Office has received a Court Order or Writ of Possession ordering the Sheriff to remove the tenant (L/QP/AD/NS/CNP) from the premises (facility) stated in the Order or Writ."</p> <p>Interview on 3/11/24 with client #1 revealed: -He was not aware of a scheduled eviction from the facility on 3/15/24. "First I've heard about it. We just moved in (December 2023)."</p> <p>Interview on 3/11/24 with client #2 revealed: -He was not aware of a scheduled eviction from the facility on 3/15/24.</p> <p>Interview on 3/11/24 with client #2's guardian revealed: -He was not aware of a scheduled eviction from the facility on 3/15/24. "No, I have not been informed of anything. I was not impressed with that place."</p> <p>Interview on 3/11/24 with client #3's guardian revealed: -He was not aware of a scheduled eviction from the facility on 3/15/24. "I didn't know about that."</p> <p>Interview on 3/11/24 with client #4 revealed: -He was not aware of a scheduled eviction from the facility on 3/15/24.</p> <p>Interview on 3/11/24 with client #5's guardian revealed:</p>	V 136		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-380	(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 #8	STREET ADDRESS, CITY, STATE, ZIP CODE 937 GLENCOE STREET WINSTON SALEM, NC 27107
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V 136	<p>Continued From page 13</p> <p>-Client #5 was currently in a local hospital; -He was not aware of a scheduled eviction from the facility on 3/15/24. "I've not been made aware of that."</p> <p>Interview on 3/11/24 with staff #1 revealed: -He was not aware of a scheduled eviction from the facility on 3/15/24. "That's the first I've heard about it."</p> <p>Interview on 3/11/24 with staff #2 revealed: -He was not aware of a scheduled eviction from the facility on 3/15/24. "That's all new to me coming out of your mouth."</p> <p>Interview on 3/11/24 with the Qualified Professional #1 revealed: -She was not aware of a scheduled eviction from the facility on 3/15/24; -She was aware court documents had been delivered to the facility office on 2/22/24; -She took photos of the documents and texted photos of the documents to the L/QP/AD/NS/CNP; -The L/QP/AD/NS/CNP responded "OK" via text message to the QP #1; however, the L/QP/AD/NS/CNP did not provide any additional response regarding the court documents; -The documents were left on the desk at the office for the L/QP/AD/NS/CNP to review when she arrived.</p> <p>Interviews on 3/11/24 and 3/12/24 with the L/QP/AD/NS/CNP revealed: -She was aware of a scheduled eviction from the facility on 3/15/24 and that law enforcement were scheduled to lock the doors of the facility for nonpayment of rent; -"We had a difficult year. We got behind on the rent (facility)...The landlord, they were really trying</p>	V 136		

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V 136	Continued From page 14 to work with us, but the money just was not there;" -Her plan was to move the 5 clients in the facility to a sister facility that was not licensed. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 136		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan.	V 291		

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V 291	<p>Continued From page 15</p> <p>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 interviews, record reviews and observations, the facility failed to ensure 5 of 5 clients (#1, #2, #3, #4, and #5) had activity opportunities based on their choices and needs. The findings are:</p> <p>Observations on 3/11/24 between 9:55am - 12:35pm of the clients in the facility revealed: -Client #1 walked from his bedroom and exited the back door of the facility 3 times; -Client #1 averaged being outside 20 minutes each time and then returned to his bedroom; -Client #2 only left his bedroom once to use the restroom; -Client #4 didn't leave his bedroom.</p> <p>Interview on 3/11/24 with staff #1 revealed: -Client #5 was admitted to a local hospital because he was aggressive with staff; -Client #3 was at a day program.</p> <p>Interview on 3/11/24 with staff #2 revealed: -Client #1 wanted to, "walk back and forth to the store all day;" -Client #5 attended a day program when he wasn't in the hospital; -Clients #2, #3 and #4 didn't want to do anything and if they did, "they could go to a day program."</p> <p>Review on 3/18/24 of client #1's record revealed: -Admission date of 6/30/15;</p>	V 291		

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V 291	<p>Continued From page 16</p> <p>-Diagnoses included Schizophrenia, Mild Intellectual Developmental Disability (IDD) and Legal Blindness; -No documentation of a current Treatment Plan.</p> <p>Review on 3/18/24 of client #2's record revealed: -Admission date of 12/28/14; -Diagnosis of Schizophrenia; -Treatment Plan and Crisis Prevention Plan dated 10/19/23 included..."will integrate into the community at least once to twice a week to decrease social isolation...assist him in identifying coping skills and relaxation techniques - exercise."</p> <p>Review on 3/18/24 of client #3's record revealed: -No documentation of an admission date; -Diagnoses included Schizophrenia, Alcohol Abuse and a history of Cannabis Dependence; -No documentation of a current Treatment Plan.</p> <p>Review on 3/18/24 of client #4's record revealed: -Admission date of 3/26/18; -Diagnoses included Attention Deficit Hyperactivity Disorder, Bipolar Mood Disorder, Borderline IDD and Non-Organic Primary Nocturnal Enuresis; -No documentation of a current Treatment Plan.</p> <p>Review on 3/18/24 of client #5's record revealed: -Admission date of 6/25/19; -Diagnoses included Schizoaffective Depressive Type Catatonia Features, Cannabis Use, Tobacco Use, Vitamin D Deficiency, Gluten Sensitive, and Hearing Loss; -No documentation of a current Treatment Plan.</p> <p>Interview on 3/11/24 with client #5's legal guardian revealed: -He attends a day program;</p>	V 291		

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V 291	<p>Continued From page 17</p> <p>-Not having something to keep him busy was the, "worst thing;"</p> <p>-The facility, "...doesn't do anything outside of housing."</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 and must be corrected within 23 days.</p>	V 291		