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DAVID AND DAVID HOUSE	216 EAST WYCHE STREET WHITEVILLE, NC 28472

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on March 14, 2024. The complaint was substantiated (intake #NC00214324). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or	V 107		

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V 107	Continued From page 1 neglect listed on the North Carolina Health Care Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided. (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of three audited staff (#4) had no substantiated finding of abuse or neglect on the North Carolina Health Care Personnel Registry (HCPR). The findings are: Review on 3/12/24 of staff #4's personnel record revealed: -Hire date: 11/3/23. -Job: Direct Care Staff. -HCPR was accessed on 10/26/23 - "1 substantiated finding of Abuse of a Resident, which occurred while the individual was employed	V 107		

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V 107	Continued From page 2 in a Nursing Facility. This information was entered on the Registry 3/26/02." Interview on 3/13/24 staff #4 stated: -He worked at the facility since November 2023. -He worked as a Certified Nursing Assistant at a nursing home "years ago." -He did not know anything about a substantiated allegation of abuse against him on the HCPR. -He had not contested the substantiated finding because "this is my first time hearing about substantiated abuse" against him. -He was recently suspended for an allegation of abuse against him that involved former client (FC) #3. -He used an "unapproved" technique with FC #3, "it was his reaction." -He returned to work after the facility completed their internal investigation that involved him. Interview on 3/14/24 a HCPR representative stated: -"Allegation - On or about September 20, 2001, [staff #4] a nurse aid abused a resident by slapping the resident on the hand/arm area. -Evidence Summary - An investigation conducted from 1/31/02-2/15/02 substantiated the allegation that [staff #4] a nurse aid abused a resident at [Nursing Facility] in [nearby city] on or about 9/20/2001. Evidence supporting the allegation include interview with a witness, interview with facility and documentation of interviews with the resident." Interview on 3/14/24 a HCPR investigator stated: -A substantiated finding of abuse is a permanent finding and does not expire from the listing on HCPR. Interview on 3/13/24 the Program Manager	V 107		

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V 107	Continued From page 3	V 107		

stated:
-She was not involved in the hiring process.
-She knew staff #4 was looking for a job.
-She was able to "target" an application if she knows someone interested in working at the facility.
-If she targeted an application, the applicant was still required to pass the background checks with Human Resources.
-She was not aware of any past abuse allegations against staff #4 prior to him being hired.
-Staff #4 had allegations of abuse against him that involved former client #3.

Attempts on 3/14/24 to interview the facility's Human Resources Director included:
-A telephone call and voicemail message requesting a return call.
-A request by the facility's Division Director.

Interview on 3/14/24 the facility's Division Director stated:
-The hiring process was completed by their parent company's human resources and recruiting department.
-They are not involved in the hiring process.
-After the recruiter hires, the new hire can be placed on the schedule.
-She did not know about staff #4's substantiated finding of abuse.
-She spoke with the Human Resources department who stated they believed the substantiated finding of abuse had expired based on the "listing expiration date" on the accessed HCPR document.
-She would have the Human Resources Manager contact the surveyor.

Review on 3/14/24 of a Plan of Protection completed by the Clinical Supervisor dated

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V 107	Continued From page 4 3/14/24 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Staff (#4) will be immediately terminated effective 3-14-24. -Describe your plans to make sure the above happens. Staff will be contacted by HR (Human Resources) to make known of his termination from Community Innovations/CBC (Licensee). Once that has been completed all access to [facility's electronic client record system]. [Facility's electronic system for time sheets] will be locked. Staff will not have any access. And a separation of Employment will be done in [Facility's electronic system for time sheets] effective on 3-14-24." The facility served clients with Autism Disorder, Intellectual Developmental Disabilities, Intermittent Explosive Disorder and Schizophrenia. Staff #4 worked one on one with former client #3, a non-verbal client. Staff #4 was hired 11/3/23. The HCPR was accessed on 10/26/23 which revealed staff #4 had a substantiated finding of abuse of a resident on 3/26/02. The Human Resources department responsible for hiring staff believed the permanent substantiated finding of abuse had expired. Staff #4 acknowledged he worked at a nursing facility but denied knowledge of a substantiated abuse finding. Subsequently, staff #4 had an allegation of abuse that involved his one on one client, former client #3, and admittedly used an unapproved technique on the non-verbal client. 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 107		

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V 110	Continued From page 5	V 110		
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 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: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (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. This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 3	V 110		

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paraprofessional staff audited (staff #4) failed to demonstrate the knowledge, skills and abilities required for the population served. The findings are:

Review on 3/12/24 of former client (FC) #3's record revealed:
-22 year old male.
-Admitted on 9/25/23.
-Discharged on 2/22/24.
-Diagnoses of Autism with accompanying language impairment, Profound Intellectual Disability and Pica.
-Individual Support Plan Short Range Goals dated implemented on 9/25/23 revealed: "Long Range Outcome: [FC #3] will remain dressed throughout the day... [FC #3] is hot natured and will take his clothing off various times throughout the day requiring constant redirection to redress..."

Review on 3/12/24 of staff #4's personnel record revealed:
-Hire date: 11/3/23.
-Job: Direct Care Staff.

Review on 3/13/24 of an internal investigation for staff #4 revealed:
-"Date Reported: 2/15/2024"
-"Date of incident: unknown"
-"Date Investigation Completed: 2/21/2024"
-"Details of the event as initially described: During the course of another investigation a staff member reported that a few weeks ago, Staff [staff #4] choked [FC#3] in a means to redirect his behavior. The staff member reported that [staff #4] had his hands around [FC #3's] neck..."
-"Interview with staff [staff #4]...Date:2/16/2024... [staff #4] stated...[staff #2] was assisting him with [FC #3]...[staff #2] was with [FC #3] and he began

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V 110	Continued From page 7	V 110		

pulling his shirt off. [staff #2] redirected and pulled his shirt down and [FC #3] continued the behavior...[staff #4] stated that by this time [FC #3] was sitting down and still attempting to remove his shirt... he took his left arm and placed it against [FC #3's] chest to keep his shirt on and said to [FC #3], "[FC #3], you can't do this today."... [FC #3] was fine but began picking a string on his shirt..."
-"Conclusion: Staff [staff #2's] account of the incident he observed does not match what another staff member reported witnessing or how Staff [staff #4] reported blocking [FC #] to prevent him from removing his shirt. It does appear that staff [staff #4] utilized an unapproved move to prevent [FC #3] from removing his shirt. There is no clear evidence indicating that Staff [staff #4] placed his hands around [FC #3's] throat. Therefore, this allegation is unsubstantiated."
-Recommendations:...It is recommended that staff are in-serviced on preventative measures, etc. regarding client specific behaviors identified within the individual's Behavior Support Plan, ensuring that staff fully understand the use of any restriction not approved is prohibited..."

Interview on 3/13/24 staff #4 stated:
-He worked at the facility since November 2023.
-He was the one on one staff for FC #3.
-He had to restrain FC #3. "He did not restrain him, like a special hold."
-FC #3 had a bad day and was giving another staff a hard time.
-FC #3 was sitting on the couch and was getting up. He placed his hand on FC #3's "chest with his forearm up across his chest" and his other hand was "broken" down to his side.
-When FC #3 "bumped up" against his arm he sat back down.
-It was not something he learned in his

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V 110	Continued From page 8 alternatives to restrictive intervention class, "it was his reaction" because he was use to using his other hand that was broken. -The incident occurred around 2/7/24 or 2/8/24. -He was suspended on Valentine's Day. -He returned to work the next Friday. -He had not participated in any training since he returned to work. Interview on 3/12/24 and 3/14/24 the Clinical Director stated: -There was an abuse allegation for FC #3 against staff #4. -Staff #2 reported during a separate internal investigation he witness staff #4 abuse FC #4 by putting his arms around his neck. -Staff #4 was suspended during the internal investigation. -The internal investigation was completed by their Quality Assurance Department. -She was not involved in the internal investigation. -The allegation was unfounded. -She had not received the recommendation from the internal investigation prior to the survey. -Staff #4 had not participated in any training since his return to work.	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.	V 114		

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V 114	Continued From page 9 (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and repeated on each shift. The findings are: Review on 3/13/24 of the facility's records for fire and disaster drills between January 2023 - December 2023 revealed: -No fire drill was held on 1st shift during the 1st quarter (January 2023 - March 2023). -No fire drill was held on 2nd or 3rd shift during the 2nd quarter (April 2023 - June 2023). -No fire drill was held on 2nd or 3rd shift during the 3rd quarter (July 2023 - September 2023). -No disaster drill was held on 2nd or 3rd shift during the 1st quarter. -No disaster drill was held on 3rd shift during the 4th quarter (October 2023 - December 2023). Interview on 3/13/24 client #1 stated: -He had participated in fire drills. Interview on 3/13/24 staff #2 stated: -He had only worked at the facility for 2 months. -He had participated in a fire drill. -He was trained on when to complete fire and disaster drills and location of each drill.	V 114		

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V 114	Continued From page 10 Interview on 3/12/24 the Clinical Director stated: -The facility's shifts were: 1st shift 8am - 4pm, 2nd shift 4pm - 12am and 3rd shift 12am - 8am. Interview on 3/13/24 the Program Manager stated: -Fire drills were completed 3 times a month and disaster drills were completed monthly. -The facility used a calendar to track drills. -She informed staff when to have drills. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
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;	V 118		

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V 118	Continued From page 11 (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews, observation, and interviews, the facility failed to administer medications as ordered by the physician and maintain accurate MARs affecting 2 of 3 audited clients (#1 and #2). The findings are: Finding #1 Review on 3/13/24 of client #1's record revealed: -62 year old male. -Admitted on 8/8/97. -Diagnoses of Chronic Schizophrenia and Mild Intellectual Development Disability. -Primary care visit dated 1/14/24 "Patient Present with cough SOB (Short of Breath), COVID (Corona Virus Disease - 19) positive, Chest Positive Wheezing, Rx (Prescription)- Paxlovid 300 mg (milligram) pack (COVID), Medrol dose pack (Steroid) as directed begin on 1/20/24, Dex 10 mg IM (Intramuscular) given. Review on 3/13/24 of client #1's MARs from 1/1/24 - 3/13/24 revealed: -No evidence Paxlovid 300 mg and Medrol dose pack was administered.	V 118		

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V 118	Continued From page 12 Interview on 3/13/24 client #1 stated: -He received his medications daily. Finding #2 Review on 3/13/24 of client #2's record revealed: -24 year old male. -Admitted on 7/21/22. -Diagnoses of Intermittent Explosive Disorder, Autism Disorder and Intellectual Disability Moderate. Review on 3/13/24 of client #2's signed physician orders dated 10/23/23 revealed: -Ciclopirox 8% Solution apply topically to the left hallux nail. (fungus) -Clonazepam 1 mg twice daily as needed for refractory seizure equal to or greater than 3 minutes. -Lactulose 10 gram (gm)/15 milliliter (ml) daily. (constipation) -Melatonin 5 mg at bedtime. (sleep) Review on 3/13/24 of client #2's MAR from 1/1/24 - 3/13/24 revealed: -Ciclopirox 8% Solution was not administered after 3/7/24. -Clonazepam 1 mg was administered daily from 1/1/24 - 1/31/24. -Lactulose 10 gm/15ml was not administered after 1/31/24. -Melatonin 5 mg was not administered after 3/7/24. Observation on 3/13/24 between 12:40 pm - 1:00 pm of client #2's medications revealed: -Ciclopirox 8% Solution, Lactulose 10 gm/15ml were not available onsite for review. -Clonazepam 1 mg was last dispensed on 10/5/22. The expiration date on the medication was 5/2023.	V 118		

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V 118	Continued From page 13 Attempted interview on 3/13/24 client #2's response to almost all questions was yes. Interview on 3/13/24 and 3/14/24 the Program Manager stated: -Client #1 was diagnosed with COVID and took prescribed medications. -Staff had not documented client #1's medications on the MAR. -Client #2's Boost Liquid Shake was changed to as needed on 1/31/24. -Client #2's Ciclopirox 8% Solution and Lactulose 10 gm/15ml were discontinued. -Client #2's Clonazepam 1 mg was not administered, staff documented the MAR in error. Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services	V 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-035	A. BUILDING: _____ B. WING _____	R 03/14/2024

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V 132	Continued From page 14 as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was notified of all allegations against health care personnel including injuries of	V 132		

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V 132	Continued From page 15 unknown source and failed to ensure all alleged allegations were investigated. The findings are: Review on 3/12/24 of former client (FC) #3's record revealed: -22 year old male. -Admitted on 9/25/23. -Discharged on 2/22/24. -Diagnoses of Autism with accompanying language impairment, Profound Intellectual Disability and Pica. Finding #1 Review on 3/13/24 of a North Carolina Incident Response Improvement System (IRIS) level III report dated 2/8/24 for FC #3 revealed: -Incident Comment "Program Manager (PM) [PM] contacted me on 02/08/2024... [FC #3's legal guardian] had taken pictures of both of [FC #3] ears and was sending the pictures to...care manager that someone had abused him. [FC #3] moms discovered that both of his ears was purple and swollen when she came that morning to cut his hair and give him a bathe." Finding #2 Review on 3/13/24 of a North Carolina IRIS level III incident report dated 2/16/24 for FC #3 revealed: -Incident Comments "On 2/14/23. [staff #2] staff member at David and David reported to [Quality Management Specialist] Quality Management Specialist that he observed [staff #4] staff member at David and David chocking consumer [FC #3] one day last week." -Incident Prevention: "Staff has been suspended until investigation is complete." Interview on 3/14/23 the Clinical Supervisor stated:	V 132		

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V 132	Continued From page 16 -She was responsible for submission the IRIS reports. -She had not reported to HCPR for FC #3's bruised ears because no staff was identified. -She believed she had reported staff #4 to the HCPR however looking at the report she had not. -She had not received any correspondence from HCPR.	V 132		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 3/13/24 between 10:15am - 11:00am during a tour of the facility revealed: -The front door knob was loose. -At the entrance of the facility, there were 2 folding doors against the wall, a large box at included a mattress, TV, and large packing box in the corner. The entryway closet had folding closet doors that were off track. -Client #2's bedroom, in his bathroom a metal shower handle was hanging on the glass door. The sink vanity was missing the right cabinet door. -The hallway bathroom was missing a transition strip at the entrance. The tile had paint peeling near the entrance. -Client #1's bedroom had 2 separate dressers in	V 736		

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V 736	Continued From page 17 this bedroom both were missing wood strips between dresser drawers. -Vacant bedroom closet doors were missing. There were bedrails but no mattress. Interview on 3/13/24 the Program Manager stated: -She had submitted a maintenance request for areas of concern. -She would ensure maintenance was complete.	V 736		