| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | MHL092-958 | A. BUILDING: _____ B. WING _____ | R-C 04/26/2024 |

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| DIVINE SUPPORTIVE HOMES | 3905 MARSH CREEK ROAD RALEIGH, NC 27604 |

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| V 000 | INITIAL COMMENTS<br><br>An annual, complaint and follow up survey was completed on 4/26/24. The complaints were substantiated Intake (#NC00214606) & (#NC00214653). Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.<br><br>The facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients. | V 000 | | |
| V 108 | 27G .0202 (F-I) Personnel Requirements<br><br>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS<br>(f) Continuing education shall be documented.<br>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:<br>(1) general organizational orientation;<br>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;<br>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and<br>(4) training in infectious diseases and bloodborne pathogens.<br>(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, | V 108 | | |

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| V 108 | Continued From page 1<br>the American Heart Association or their equivalence for relieving airway obstruction.<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to ensure 1 of 2 staff (Supervisor in Charge) (SIC) had current training in first aid/cardiopulmonary resuscitation (first aid/CPR). The findings are:<br><br>Review on 4/10/24 of the SIC personnel record revealed:<br>- no date of hire<br>- first aid/CPR expired 1/2/24<br><br>During interview on 4/25/24 the SIC reported:<br>- worked alone at the facility<br>- thought she took first aid/CPR this year (2024) but could not recall date<br><br>During interview on 4/25/24 the Licensee reported:<br>- the SIC was the full time staff<br>- he filled in when the SIC needed time off<br>- was responsible for ensuring staff trainings were completed<br>- in the future, the Qualified Professional will ensure staff trainings were completed | V 108 | In compliance with rule 10A NCAC 27g<br>.0202 Personnel Requirements, staff received the following training: CPR/FA,<br>Client Rights and Confidentiality, Infectious disease and bloodborne pathogen and training to meet mh/dd/ sa needs of the client as specified in the treatment plan. The Qualified Professional (QP) will ensure training is complete and up-to-date through quarterly review of staff files. Divine Supportive Homes will also provide annual training and new employee training using authorized credentialed training organizations and employment of an RN to provide staff with the mandated training and refresher training annually and as needed. | 5/26/24 |

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| V 112 | Continued From page 2 | V 112 | | |
| V 112 | 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan<br><br>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN<br>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.<br>(d) The plan shall include:<br>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;<br>(2) strategies;<br>(3) staff responsible;<br>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;<br>(5) basis for evaluation or assessment of outcome achievement; and<br>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to ensure treatment plans were developed in partnership with the legal guardian for 1 of 3 | V 112 | The Qualified Professional will complete client assessments and treatment plans as specified | 5/26/24 |

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| V 112 | Continued From page 3<br>audited clients (#6). The findings are:<br><br>Review on 4/10/24 of client #6's record revealed:<br>- admitted 8/29/05<br>- diagnoses: Paranoid Schizophrenia, Anxiety, Hypertension and Chronic Obstructive Pulmonary Disease<br>- treatment plan dated 5/18/23: will follow group home rules, remain physically & mentally healthy by taking medications and attending appointments<br><br>During interview on 4/10/24 client #6's guardian reported:<br>- guardian since April 2023<br>- she did not assist with goals developed in the 5/18/23 treatment plan<br>- would like a copy of treatment plan to see what goals were developed<br><br>During interview on 4/25/24 the Qualified Professional reported:<br>- she started at the facility 3/1/24<br>- was not part of the April 2023 treatment plan meeting<br>- would ensure guardians were part of the development of goals for the clients<br><br>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 112 | by rule 10A NCAC 27g .0205 Assessment and treatment/ or Service Plan. The plan will be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. The plan will be inclusive of the requirements of the noted rule and will be reviewed by the QP annually in consultation with the client or legally responsible person or both. The QP will ensure this is accomplished. | 5/26/24 |
| V 114 | 27G .0207 Emergency Plans and Supplies<br><br>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES<br>(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. | V 114 | | |

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| V 114 | Continued From page 4<br>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.<br>(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.<br>(d) Each facility shall have basic first aid supplies accessible for use.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to ensure disaster drills were conducted quarterly and on each shift. The findings are:<br><br>Review on 4/10/24 of the facility's disaster log revealed:<br>- disaster drills were conducted monthly<br>- no shift specified only times disaster drills were conducted<br><br>During interview on 4/10/24 client #2 reported:<br>- been at the facility since 2019<br>- tornado drills had not been practiced at the facility<br>- he would get in the bathtub if there was a tornado<br><br>During interview on 4/10/24 client #6 reported:<br>- came August 2023<br>- had not practiced tornado drills at the facility<br>- would get down on the floor inside the facility<br><br>During interview on 4/10/24 client #1 reported:<br>- have not practiced tornado drills<br>- would get down in the hallway and cover his | V 114 | In compliance with rule 10A NCAC 27G .0207 Emergency Plans and Supplies, a revised disaster log has been implemented denoting shift and times when the fire drills and disaster drills are conducted. Additionally, the specific disaster drill that is being practiced will be announced during the drill (e.g., Tornado!, Fire!) to ensure clients are aware of what they are practicing. The evacuation procedures and routes shall be posted in the facility and the fire and disaster drills held at least quarterly and repeated for each shift. The QP will ensure the drills are conducted at least quarterly and review log books quarterly to ensure compliance | 5/26/24 |

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| V 114 | Continued From page 5<br>head<br><br>During interview on 4/10/24 the Supervisor in Charge reported:<br>- tornado drills were conducted once a month<br>- clients went in the hallway during a tornado drill<br><br>During interview on 4/10/24 the Qualified Professional reported:<br>- started at the facility March 2024<br>- would get with the Licensee in regards to the shifts at the facility<br>- would ensure tornado drills were conducted at the facility<br><br>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 114 | | |
| V 290 | 27G .5602 Supervised Living - Staff<br><br>10A NCAC 27G .5602 STAFF<br>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.<br>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.<br>(c) Staff shall be present in a facility in the following client-staff ratios when more than one | V 290 | | |

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| V 290 | Continued From page 6<br>child or adolescent client is present:<br>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or<br>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.<br>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:<br>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and<br>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to ensure a minimum of one staff was present except when any adult clients treatment plan documented the client was capable of remaining in the community without supervision affecting 1 of 3 audited client (#6). The findings are: | V 290 | The QP will conduct a reassessment of clients #2, #5, and #6 to determine if there are any issues that may negatively affect unsupervised time. The community service skill level criteria will be used as a determinant to assess client's levels of supervision (e.g., independent, semi-independent, dependent). This assessment will be | 5/26/24 |

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| V 290 | Continued From page 7<br><br>Review on 4/10/24 of client #6's record revealed:<br>- admitted 8/29/05<br>- diagnoses: Paranoid Schizophrenia, Anxiety, Hypertension and Chronic Obstructive Pulmonary Disease<br>- treatment plan dated 5/18/23: will utilize and maintain approved unsupervised time in the community<br><br>Observation & interview between 9:43am - 10:03am on 4/25/24 revealed the following:<br>- 9:43am - the Supervisor in Charge (SIC) said client #5 & client #6 were headed into the community<br>- 9:49am - client #5 & client #6 walked to the nearby bus stop<br>- 10:03am - surveyor come out of the facility, client #5 & client #6 were not at bus stop<br><br>During interview on 4/25/24 client #6 reported:<br>- had an 1 hour to 2 hours unsupervised time in the community<br>- on his way to the local shopping store by bus<br>- sometimes he walked to the local store<br><br>During interview on 4/10/24 client #6's guardian reported:<br>- been his guardian since April 2023<br>- was not aware he had unsupervised time in the community<br>- would like to meet with staff prior to the approval of unsupervised time in the community<br><br>During interview on 4/25/24 the SIC reported:<br>- client #6 had 2 hours of unsupervised time in the community<br>- he caught the bus to the local shopping stores, uncle's home & sometimes walked in the community | V 290 | in collaboration with the client, the client's legal guardian and/or both. If unsupervised time is agreed upon by all parties using the assessment criteria, the approved unsupervised time, including restrictions or conditions will be included in the client's treatment plan. The QP will ensure this is done and that the unsupervised time assessment will be reviewed annually and more often if needed. | 5/26/24 |

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| V 290 | Continued From page 8<br><br>During interview on 4/10/24 & 4/25/24 the Qualified Professional (QP) reported:<br>- became the QP on 3/1/24<br>- client #6 had 2 hours in the community unsupervised<br>- previous QP completed the treatment plan<br>- on 4/25/24, only client #2 & client #5 had unsupervised time in the community<br>- she reviewed the clients' charts, their notes & nothing documented client #6 had unsupervised time<br>- would speak with guardians prior to a client being permitted to have unsupervised time<br><br>During interview on 4/26/24 the Licensee reported:<br>- client #6 does not really go out unsupervised in the community<br>- he (Licensee) cut grass last week at the facility<br>- client #6 asked to go out in the community unsupervised<br>- he did not prevent him from going out in the community unsupervised<br>- "asked him (client#6) if he could find his way home and he said 'yes'."<br>- client #2 & client #5 were the only clients with unsupervised time<br><br>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 290 | | |
| V 291 | 27G .5603 Supervised Living - Operations<br><br>10A NCAC 27G .5603 OPERATIONS<br>(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 | V 291 | | |

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| V 291 | Continued From page 9<br>than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.<br>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.<br>(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.<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review and interview the facility failed to coordinate with other qualified professionals responsible for treatment/habilitation for 1 of 3 audited clients (#2). The findings are:<br><br>Review on 4/10/24 of client #2's record revealed:<br>- admitted 12/20/19<br>- diagnosis of Schizoaffective Disorder<br>- physician order dated 3/6/24: Fluocinolone | V 291 | The QP will ensure that each visit of the clients to other qualified professionals (i.e., PCP, Dentist, Psych, etc.) will be documented on a physician's visit form that includes the professional's consultation, recommendations, medication orders, and summary findings with the professional's signature. The information will also include if the client refused treatment.<br><br>Additionally, the SIC will be instructed by the QP to ensure the documentation is placed in a binder that was implemented for that purpose. | 5/26/24 |

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| V 291 | Continued From page 10<br>01% cream twice a day (corticosteroid)<br>- no documentation for refusal of the Fluocinolone<br><br>Review on 4/10/24 of client #2's March 2024 & April 2024 MAR revealed:<br>- March 2024 MAR: staff initials were circled from 3/10/24 - 3/31/24 for the Fluocinolone<br>- April 2024 MAR: staff initials circled from 4/1/24 - 4/10/24<br>- written on the back of the March 2024 & April 2024 MAR for the Fluocinolone "client refused"<br><br>Review on 4/25/24 of a discontinue physician's order dated 4/10/24 for the Fluocinolone<br><br>Observation on 4/9/24 at 2:03pm of client #2 revealed:<br>- client had on long sleeves<br>- his hands were covered up with gloves<br>- old and new small circular scaring covered his right arm<br>- some of the scaring had open wounds<br><br>Observation on 4/25/24 at 9:56am revealed:<br>- client #6 showed a tube of hydrocortisone on a tall cabinet in his bedroom<br><br>During interview on 4/10/24 client #2 reported:<br>- was not sure if all the scaring was from bug bites<br>- he scratched his arm which caused the open wounds<br>- he does not use the medicated cream from his physician<br>- the Fluocinolone was like "Vaseline" and caused him to feel sticky all day ...<br>- his mother purchased him Hydrocortisone cream from an online company a month ago<br>- since his use of the Hydrocortisone cream, | V 291 | The QP will review the log book monthly to ensure this is done. Clients will be encouraged to call family or visit if they desire to do so.<br><br>Clients will receive notification reiterating the rule that over-the-counter(OTC) medication must have a doctor's order and OTC medication given to them by friends and/or family that do not have a doctor's order must be submitted to the SIC who will confer with the client's PCP concerning the OTC. The SIC and QP will ensure this rule is made clear to the clients. | 5/26/24 |

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| V 291 | Continued From page 11 | V 291 | | |

the scars do not itch
- he (client #2) applied it daily himself
- the Licensee was aware he had the Hydrocortisone cream
- the Licensee requested he used the prescribed medicated cream

An attempted call was made to client #2's mother on 4/9/24 & 4/12/24

During interview on 4/25/24 the SIC (Supervisor in Charge) reported:
- Mom came to visit client #6 in February 2024
- she saw spots on his body
- mom questioned her and asked why he was not taken to the doctor
- the Licensee took him to his primary physician
- the physician prescribed Fluocinolone
- client #6 refused to use the cream
- the Licensee did not have any documentation from the physician regarding the spots on client #6's arms
- the physician discontinued the cream since client #6 refused to use the Fluocinolone

During interview on 4/10/24 the Qualified Professional reported:
- she was not sure what the Fluocinolone was used for
- she would contact the SIC
- later the SIC informed her the Fluocinolone was for a "spot" on client #2's back
- the SIC informed her, he refused the Fluocinolone & used a medication his mother purchased for him
- there was not an order for the medication purchased by his mother
- would follow up to see if the physician was made aware of client #2's refusal's for the

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| V 291 | Continued From page 12<br>Fluocinolone<br><br>During interview on 4/10/24 the Licensee reported:<br>- client #2 was admitted to his facility with a skin condition<br>- client #2's mom informed him that client #2 and his sister had a skin condition<br>- he took client #2 to the March 2024 physician appointment after concerns from his mother<br>- the physician informed him it was an "inborn" condition that comes "from inside"<br>- did not get any documentation from the March 2024 physician visit regarding client #2's diagnosis<br>- would ensure consultations with physicians were documented and at the facility | V 291 | | |
| V 536 | 27E .0107 Client Rights - Training on Alt to Rest. Int.<br><br>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS<br>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.<br>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.<br>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data | V 536 | | |

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| V 536 | Continued From page 13 | V 536 | | |

gathered.
(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
(e) Formal refresher training must be completed by each service provider periodically (minimum annually).
(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.
(g) Staff shall demonstrate competence in the following core areas:
(1) knowledge and understanding of the people being served;
(2) recognizing and interpreting human behavior;
(3) recognizing the effect of internal and external stressors that may affect people with disabilities;
(4) strategies for building positive relationships with persons with disabilities;
(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;
(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;
(7) skills in assessing individual risk for escalating behavior;
(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and
(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace

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| V 536 | Continued From page 14<br>behaviors which are unsafe).<br>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where they attended; and<br>(C) instructor's name;<br>(2) The Division of MH/DD/SAS may review/request this documentation at any time.<br>(i) Instructor Qualifications and Training Requirements:<br>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.<br>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.<br>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.<br>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.<br>(5) Acceptable instructor training programs shall include but are not limited to presentation of:<br>(A) understanding the adult learner;<br>(B) methods for teaching content of the course;<br>(C) methods for evaluating trainee performance; and<br>(D) documentation procedures.<br>(6) Trainers shall have coached experience | V 536 | | |

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| V 536 | Continued From page 15<br>teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.<br>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.<br>(8) Trainers shall complete a refresher instructor training at least every two years.<br>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where attended; and<br>(C) instructor's name.<br>(2) The Division of MH/DD/SAS may request and review this documentation any time.<br>(k) Qualifications of Coaches:<br>(1) Coaches shall meet all preparation requirements as a trainer.<br>(2) Coaches shall teach at least three times the course which is being coached.<br>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.<br>(l) Documentation shall be the same preparation as for trainers.<br><br>This Rule is not met as evidenced by: | V 536 | | |

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| V 536 | Continued From page 16<br><br>Based on record review and interview the facility failed to ensure refresher restrictive intervention training was completed for 2 of 2 staff (Supervisor in Charge) SIC & the Licensee. The findings are:<br><br>Review on 4/10/24 of the SIC record revealed:<br>- no hire date<br>- Evidence Based Practice Institute (EBPI) - prevent training expired on 2/28/24<br><br>Review on 4/10/24 of the Licensee's record revealed:<br>- no hire date<br>- EBPI expired 2/28/24<br><br>During interview on 4/25/24 the Licensee reported:<br>- the SIC was the full time staff<br>- he filled in when the SIC needed time off<br>- was responsible for ensuring staff trainings were completed<br>- in the future, the Qualified Professional will ensure staff trainings were completed | V 536 | In compliance with rule 10A NCAC 27e .0107 Training on alternatives to restrictive interventions, the QP will ensure that staff has received competency-based training and refresher training annually that is approved by the Division of MH/DD/SA and that staff is able to demonstrate competence in knowledge and understanding of the people served, interpreting human behavior, recognizing the effect of internal and external stressors, and the development of strategies for positive interactions, risk assessment for escalating behavior, communication for defusing and de-escalation. The QP will ensure this is done and complete. | 5/26/24 |
| V 738 | 27G .0303(d) Pest Control<br><br>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS<br>(d) Buildings shall be kept free from insects and rodents.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview the facility failed to keep the building free from insects. The findings are: | V 738 | | |

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| V 738 | Continued From page 17<br><br>Observation on 4/9/24 at 2:03pm of client #2 revealed:<br>- client #2 had on long sleeves<br>- his hands were covered up with gloves<br>- old and new small circular scaring covered his right arm<br>- some of the scaring had open wounds<br><br>During interview on 4/10/24 client #2 reported:<br>- within the last month he saw small bugs in the corner of his bed<br>- the bugs crawled on him at night but did not see the bugs during the day<br>- was not sure if they were bedbugs<br>- he cleaned and disinfected with cleaning supplies<br><br>During interview on 4/12/24 the exterminator reported:<br>- visited the facility on yesterday (4/11/24)<br>- active bed bugs in 2 front bedrooms<br>- schedule to treat the facility on Wednesday 4/17/24<br>- will follow up after 10 days of treatment<br><br>During interview on 4/25/24 the Supervisor in Charge reported:<br>- client #2 did not tell staff he had bedbugs<br>- she saw a bedbug spray can in his bedroom<br>- told her he thought he saw a bedbug in his bedroom<br>- his mother visited in February 2024 and saw spots on his body<br>- mom questioned her and asked why he was not taken to the doctor<br>- the Licensee took him to his primary physician in March 2024<br>- client #2 said the spots were from cigarette burns | V 738 | | |

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| V 738 | Continued From page 18<br><br>During interview on 4/9/24 & 4/12/24 the Licensee reported:<br>- client #2 had overnight visits with his mom<br>- client #2 informed him his mother the facility had bedbugs<br>- the clients were supposed to wash their clothes when they return from overnight visits<br>- the exterminator informed him client #2 had bedbugs in his bedroom<br>- staff informed him client #2 had bed bug spray in his bedroom<br>- client #2 did not inform him that he had bed bugs in his bedroom | V 738 | | |
| V 752 | 27G .0304(b)(4) Hot Water Temperatures<br><br>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT<br>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.<br>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview the facility failed to maintain water temperatures between 100 - 116. The findings are:<br><br>Observation & interview on 4/25/24 at 9:33am with the Supervisor in Charge (SIC) revealed:<br>- facility had no running water to test water temperatures<br>- the SIC said water was turned off this | V 752 | On April 26, 2024, the utility payment that was inadvertently overlooked, was paid and the water turned on. Prior to the water turned on, the clients were supplied with bottle water and additional water was purchased to ensure toilets were flushed. Licensee will ensure this does not happen again by reviewing all utility payments and housing maintenance cost at the start of each month to ensure nothing is overlooked. | 4/26/24 |

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| V 752 | Continued From page 19<br>morning<br>- "mixup with bill not paid"<br>- the water would be back on this morning<br><br>During interview on 4/25/24 client #1 reported:<br>- no water at the facility since 12pm yesterday (4/24/24)<br>- they had bottle water to drink<br>- not able to bathe<br><br>During interview on 4/25/24 client #2 reported:<br>- the water had been off since yesterday afternoon<br>- did not bathe last night<br><br>During interview on 4/25/24 the Licensee reported:<br>- staff called yesterday and informed him there was no water<br>- he contacted the water company to make a payment and was placed on hold<br>- the water company closed before he could make a payment<br>- he went to the store and purchased water to flush commode<br>- clients had bottled water to drink<br>- the SIC informed him the clients bathed in the mornings | V 752 | | |