

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-374</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/25/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DISABILITY MANAGEMENT SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3365 NEW WALKERTOWN ROAD WINSTON SALEM, NC 27105</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on January 25, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The facility is licensed for 6 and currently has a census of 2. The survey sample consisted of audits of 2 clients.</p> <p>Staff #1 is the Owner/Director/Licensee/Qualified Professional (O/D/L/QP)'s wife.</p>	V 000		
V 105	<p><b>27G .0201 (A) (1-7) Governing Body Policies</b></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> <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>	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>(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 record review and interview, the facility failed to delegate management authority for the operation of the facility and services. The findings are:</p> <p>Review on 1/16/24 of the facility's undated policies and procedures revealed: -"The Director (Owner/Director/Licensee/Qualified Professional (O/D/L/QP)) has ultimate authority over all operational and management decisions affecting Disability Management Services. Authority is delegated by the Director to other employees and agents of the company via job descriptions in order to provide quality care."</p> <p>Attempted reviews on 1/16/24 and 1/17/24 of staff personnel records revealed: -No staff records were made available for review. -No evidence of staff job descriptions.</p> <p>Interview on 1/16/24 with Client #1 revealed: -"Two weeks ago, an ambulance came here. I was asleep. An ambulance came and picked [O/D/L/QP] up. [Staff #1] came and was here with us."</p> <p>Interview on 1/16/24 with Client #2 revealed: -The O/D/L/QP was in the hospital. -Staff #1 and her son were taking care of him and Client #1.</p> <p>Interviews on 1/17/24, 1/19/24 and 1/22/24 with Client #1's mother revealed:</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>-On 1/16/24, the O/D/L/QP told her during a phone call he was in the hospital and he would be returning home (to the facility) "this Friday (1/19/24)."</p> <p>-"I helped out (cooked meals and cleaned the facility) from time to time. I went over there (to the facility) at times and sat there until [Client #2] came home from his program ...I'm a concerned parent who just helped out when needed."</p> <p>-She had not stayed overnight at the facility to provide client care.</p> <p>-She transported Client #1 to and from his retail job on Mondays, Wednesdays and Fridays.</p> <p>-The O/D/L/QP gave her "permission" on 1/17/24 to take Client #1 home with her "for a few days." Client#1 would be at her home until Saturday, 1/20/24.</p> <p>-"[Staff #1] is trying to manage everything."</p> <p>Interview on 1/17/24 with Client #2's guardian revealed:</p> <p>-Her concern was that the O/D/L/QP did not let her know he was in the hospital.</p> <p>-"[Staff #1] was [O/D/L/QP]'s backup support."</p> <p>"[Staff #1] had been taking care of [Client #2] when needed by [O/D/L/QP]."</p> <p>Interviews on 1/16/24, 1/17/24, 1/18/24, and 1/22/24 with Staff #1 revealed:</p> <p>-"You actually talked with him (the O/D/L/QP)? He won't return my calls ..."</p> <p>-"He's not well and not completely coherent; he's very sick."</p> <p>-"He (the O/D/L/QP) was trying to teach me what was needed, what was to be done within the house (facility)."</p> <p>-She started "helping out in October 2023 when [O/D/L/QP]'s health started going down and he needed help with the boys (clients). Before, I cooked and cleaned the house."</p>	V 105		

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V 105	<p>Continued From page 4</p> <p>-During the O/D/L/QP's absence, she was responsible for Client #1's and Client #2's care, "Basically I am and [Client #1's mother] ...Now he's sick and I'm pulled in this situation, and I am here to make sure all their needs are supplied."                      -"[Client #1's mother] comes (to the facility) when I need to be out. She comes at random times ...we're playing this all by ear. [Client #1's mother] was his [O/D/L/QP]'s spare person."                      -"I can't access his computer. He doesn't have enough sense to give me his password."                      -"I can't tell you where they are (the client and staff records) ...He's going to have to share information with me."                      -On 1/18/24, she stated she wanted to "turn in the group home (facility) license ... I can't manage that group home."                      -On 1/22/24, she stated, " ...all those policies, all those procedures, that was in [O/D/L/QP]'s hands to handle. I can't handle this ...I have to take care of myself and I can't take care of the boys (clients)."                      -She was completing paperwork for the facility discharges of Clients #1 and #2.</p> <p>Interview on 1/15/24 with the O/D/L/QP revealed:                      -He was admitted to a local hospital on 1/5/24 and had "a serious condition."                      -He had two adult clients (Clients #1 and #2) who lived in the facility.                      -He initially stated Client #1's guardian was caring for both clients; then stated, "my wife (Staff #1) is taking care of them."                      -He repeatedly asked, "what is the date today?" and he stated, "I'm disoriented."                      -He would not provide a phone number for Staff #1 to be contacted; "You can't call her. I don't know where she's at ...call me back and leave your number on my voicemail and I will give it to her."</p>	V 105		

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V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</li> <li>(2) specifies the duties and responsibilities of the position;</li> <li>(3) is signed by the staff member and the supervisor; and</li> <li>(4) is retained in the staff member's file.</li> </ul> <p>(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:</p> <ul style="list-style-type: none"> <li>(1) is at least 18 years of age;</li> <li>(2) is able to read, write, understand and follow directions;</li> <li>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</li> <li>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</li> </ul> <p>(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.</p> <p>(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.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and</p>	V 107		

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V 107	<p>Continued From page 6</p> <p>other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a personnel record with required information for 1 of 1 qualified professional (Owner/Director/Licensee/Qualified Professional (O/D/L/QP)) and 1 of 1 paraprofessional (Staff #1). The findings are:</p> <p>Attempted reviews of staff personnel records on 1/16/24 and 1/17/24 revealed: -No staff files were made available for review.</p> <p>Interview on 1/16/24 with Client #1 revealed: -"[O/D/L/QP] was staff." -His mother came to the facility "sometimes" and helped with the cooking. -"They (his mother or Staff #1) fix my lunch."</p> <p>Interview on 1/16/24 with Client #2 revealed: -The O/D/L/QP was "the group home (facility) manager, my caregiver" -Since the O/D/L/QP had been in the hospital, Staff #1 and her son were taking care of him and Client #1 at the facility.</p> <p>Interviews on 1/17/24, 1/19/24 and 1/22/24 with Client #1's mother revealed: -She was not employed by the facility.</p>	V 107		

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V 107	Continued From page 7  - "I'm a concerned parent who just helped out (at the facility) when needed."  Interviews on 1/16/24, 1/17/24, 1/18/24, and 1/22/24 with Staff #1 revealed: -Client #1's mother stayed overnight a "few times ... came at random times" and she "did not know whether she would be considered staff." -Her son was "not staff." -"All the records were in [O/D/L/QP]'s office. I do not know where to find the records." -She could not access the O/D/L/QP's computer because she did not have his password.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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	V 108		



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V 108	<p>Continued From page 8</p> <p>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 qualified professional (Owner/Director/Licensee/Qualified Professional (O/D/L/QP)) and 1 of 1 paraprofessional (Staff #1) were trained in basic first aid, cardiopulmonary resuscitation (CPR), and the Heimlich maneuver. The findings are:</p> <p>Attempted reviews of staff personnel files on 1/16/24 and 1/17/24 revealed: -No staff files were made available for review.</p> <p>Interviews on 1/16/24, 1/17/24, 1/18/24, 1/22/24 and 1/25/24 with Staff #1 revealed: -" ...all those papers were filed away ...I had training in April of last year (2023). He (the O/D/L/QP) set it up and a guy (trainer) came to the house (facility) ...I don't have the records so I can't tell you the dates but it was the same date ...I will send you what I find." -She planned to keep looking in the O/D/L/QP's office for "other certificates." -She did not attend a 1/20/24 First Aid and CPR training because of a plan to sell the facility.</p>	V 108		

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V 112	Continued From page 9	V 112		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(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.</li> </ol> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop, implement and review</p>	V 112		

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V 112	<p>Continued From page 10</p> <p>treatment/habilitation or service plans at least annually in partnership with the clients or responsible person affecting 2 of 2 clients (Clients #1 and #2). The findings are:</p> <p>Review on 1/17/24 of Client #1's record revealed: -Admission date of 8/1/11. -Diagnosed with Moderate Intellectual Developmental Disability (IDD). -No evidence of a current and signed treatment/habilitation or service plan. -No evidence of authorized consent for unsupervised time.</p> <p>Review on 1/17/24 of Client #2's record revealed: -Admission date of 1/17/13. -Diagnosed with Mild IDD, Schizoaffective Disorder and Hyperlipemia. -No evidence of a current and signed treatment/habilitation or service plan. -No evidence of authorized consent for unsupervised time.</p> <p>Interview on 1/16/24 with Client #1 revealed: -"I work at [a retail department store] on Mondays, Wednesdays, and Fridays." -His mother transported him to and from work. -He stayed alone and unsupervised at the facility on Tuesdays and Thursdays while the Owner/Director/Licensee/Qualified Professional (O/D/L/QP) was in the hospital and Client #2 was at his day program. -"I don't know them (goals). I think it's cleaning and taking my medicine."</p> <p>Interview on 1/16/24 with Client #2 revealed: -He attended a day program on Monday through Friday from 8:30 am to 2:30 pm. -His goals were to "clean up and stuff and take the trash out to the front of the house."</p>	V 112		

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V 112	<p>Continued From page 11</p> <p>Interviews on 1/17/24, 1/19/24 and 1/22/24 with Client #1's mother revealed: -Client #1 was alone in a motel "5 minutes away" from her home. She paid for his motel stay from 1/19/24 to 1/20/24, and Staff #1 paid for his motel stay from 1/21/24 to 1/22/24. -Client #1 was scheduled to check out of the motel on 1/23/24 at 11:00 am. -"[Client #1] can pretty much take care of himself ...he's safe ...he's fine."</p> <p>Interview on 1/17/24 with Client #2's guardian revealed: -She had a treatment plan (psychosocial rehabilitation plan) for Client #2 but she "didn't know exactly about his unsupervised time in his plan."</p> <p>Interview on 1/24/24 with the department of social services social worker for Client #1 revealed: -"No concerns."</p> <p>Interviews on 1/16/24, 1/17/24, 1/18/24, 1/22/24 and 1/25/24 with Staff #1 revealed: -She did not know Client #1's diagnoses; "his diagnoses and all that stuff is what [O/D/L/QP] kept up with." -Client #1 was transported by his mother to and from his retail job on Mondays, Wednesdays, Fridays and on "some" Saturdays. -Clients #1 and #2 had the "same diagnoses because [O/D/L/QP] told me but they're different." -On 1/17/24, Client #1 went for a home visit with his mother, but she "placed" him in a motel. -She gave Client #1's mother money to cover the cost of the motel for 1/21/24 and 1/22/24 "out of the goodness of my heart." -She had paperwork to "release" (discharge)</p>	V 112		

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V 112	Continued From page 12  Clients #1 and #2 from the facility. -Her reason for the clients' discharges was "lack of supervision from the group home (facility), Disability Management Services."  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
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. (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 review and interview, the facility failed to ensure fire and disaster drills were held at least quarterly and conducted under conditions that simulate emergencies. The findings are:  Reviews on 1/17/24 and 1/25/24 of the facility's Fire and Disaster Drill Log revealed: -No documentation of a fire drill having been conducted for the first quarter (January-March	V 114		

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V 114	<p>Continued From page 13</p> <p>2023).</p> <p>-No documentation of a disaster drill having been conducted for the first quarter, second quarter (April-June 2023), third quarter (July-September 2023), and fourth quarter (October-December 2023).</p> <p>Interview on 1/16/24 with Client #1 revealed: -He and Client #2 "hide" in the bathroom when there were storm or tornado drills.</p> <p>Interview on 1/16/24 with Client #2 revealed: -"Yes, we do them." -"If a fire broke out, I would go outside and go to the neighbors and call 9-1-1."</p> <p>Interview on 1/16/24 with Staff #1 revealed: -She thought all the fire and disaster drills were in the logbook. -She did not realize any drills were missing.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse,</p>	V 118		

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V 118	<p>Continued From page 14</p> <p>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:</p> <ul style="list-style-type: none"> <li>(A) client's name;</li> <li>(B) name, strength, and quantity of the drug;</li> <li>(C) instructions for administering the drug;</li> <li>(D) date and time the drug is administered; and</li> <li>(E) name or initials of person administering the drug.</li> </ul> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to keep MARs current and failed to ensure client medications were only administered on the written order of a physician, and by persons trained by a registered nurse, pharmacist or other legally qualified person affecting 2 of 2 clients (Clients #1 and #2). The findings are:</p> <p>Reviews on 1/17/24 and 1/25/24 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 8/1/11.</li> <li>-Diagnosed with Moderate Intellectual Developmental Disability (IDD).</li> <li>-No physician's orders.</li> </ul>	V 118		

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V 118	<p>Continued From page 15</p> <p>-No MAR for January 2024.</p> <p>Reviews on 1/17/24 and 1/25/24 of Client #2's record revealed:                      -Admission date of 1/17/13.                      -Diagnosed with Mild IDD, Schizoaffective Disorder and Hyperlipemia.                      -No physician's orders.                      -On 1/17/24, no MAR for 1/1/24 through 1/17/24.                      -On 1/25/24, a MAR with an effective date of 1/17/24 and Staff #1's initials documenting medications as having been administered.</p> <p>Reviews on 1/16/24 and 1/17/24 of Staff #1's record revealed:                      -No date of hire.                      -No evidence of medication administration training.</p> <p>Observation on 1/16/24 at 5:08 pm of Client #1's medications revealed:                      -Atorvastatin 20 milligram (mg) tablet (tab), dispensed 10/31/23, 1 tab (20 mg) at bedtime (high cholesterol).                      -Over-the-counter Vitamin D3 capsules, 1 soft gel daily (vitamin supplement).</p> <p>Observation on 1/16/24 at 5:03 pm of Client #2's medications revealed:                      -Risperidone 3 mg, dispensed 12/7/23, 1 tab twice daily (schizoaffective disorder).                      -Benzotropine 1 mg, dispensed 11/11/23, 1 tab every morning and 2 tabs every night at bedtime (manage effects from other medications).                      -Omeprazole 20 mg capsule (cap) dispensed 1/8/24, 2 caps (40 mg) daily (heartburn).                      -Atorvastatin 20 mg, dispensed 1/12/24, 1 tab daily (high cholesterol) .                      -Cabergoline 0.5 mg, dispensed 12/25/23, 1 tab on Mondays, Tuesdays, Thursdays, and Fridays</p>	V 118		



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V 118	<p>Continued From page 16</p> <p>(high prolactin hormone levels).</p> <p>Observation and interview on 1/16/24 at 3:25 pm with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>-Pointed to an undated sheet of paper posted on the kitchen wall near the dining table with his name, the names of his medications, and the dosage times as "morning" and "night" on the left side and Client #1's name, names of his medications, and the dosage times as "morning" and "night" on the right side. There was no documentation on the paper of the medications' strengths or administration forms.</li> <li>-He knew the reason for each of his medications except for the Cabergoline; he stated, "I don't know. I just take it."</li> <li>-"Sometimes my caregiver, [the Owner/Director/Licensee/Qualified Professional (O/D/L/QP)], gives me my medicine and sometimes his wife (Staff #1) does."</li> </ul> <p>Interview on 1/16/24 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>-He took one vitamin and one medication for high cholesterol per day.</li> <li>-The O/D/L/QP administered his medications to him prior to being hospitalized.</li> <li>- Staff #1 was currently administering his medications.</li> </ul> <p>Interview on 1/17/24 with Client #1's mother revealed:</p> <ul style="list-style-type: none"> <li>-She helped "at times" with cooking and cleaning at the facility.</li> <li>-She did not administer medications to the clients;</li> <li>-"No one else gave medicine except for [the O/D/L/QP]."</li> <li>-"He (Client #1) doesn't take any medicine; he takes a vitamin."</li> </ul> <p>Interview on 1/17/24 with Client #2's guardian</p>	V 118		

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V 118	<p>Continued From page 17</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-She "understood [Staff #1] did not have or may not have the proper training (documents) to care for him (Client #2)."</li> <li>-She understood Staff #1 was the O/D/L/QP's "backup support."</li> </ul> <p>Interviews on 1/16/24, 1/17/24, 1/18/24, 1/22/24, and 1/25/24 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-The O/D/L/QP was admitted to the hospital on 1/5/24.</li> <li>- She was the only backup staff and had been administering medications to Client #1 and #2 while the O/D/L/QP was hospitalized.</li> <li>-"I had not been recording when I gave them (Clients #1 and #2) their medicines ... [O/D/L/QP] had not started a medicine form (MAR) yet for January (2024)."</li> <li>-She thought she had medication administration training but could not provide any training documentation, information about the instructor or the date she was trained.</li> <li>-"I don't know what all the medicines are for ...Atorvastatin is for their high cholesterol."</li> <li>-"I did not go to any of the trainings because the plan is to sell the group home" and "we've not gotten a final anything (decision) what is going to happen to the group home."</li> </ul> <p>Review on 1/17/24 of a Plan of Protection (POP) dated 1/17/24 completed and submitted by Staff #1 and the O/D/L/QP's sister-in-law revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? On January 17, 2024-Registered (and paid) with [a local humanitarian organization] for CPR (cardiopulmonary resuscitation), First Aid and DEFIB (defibrillation) Training-Saturday, January 20, 2024 at 9 AM Med (Medication) Training-spoke with RN</p>	V 118		

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V 118	<p>Continued From page 18</p> <p>(Registered Nurse) on today (1/17/24) to arrange training; in addition to other required classes Will continue to search on January 17, 2024 all records in house and online to obtain required on staff and client information</p> <p>As of today, I will record all meds given in the MARS Administration Form immediately after meds are given to clients</p> <p>On January 18, 2024 will access NC (North Carolina) Healthcare Personnel Reporting Form</p> <p>On January 18, 2024 will use online Criminal Check for [Staff #1] and forward info (information) to [Division of Health Service Regulation surveyor].</p> <p>I will ensure the safety and supervision of all clients will continue immediately</p> <p>Describe your plans to make sure the above happens.</p> <p>I [O/D/L/QP]'s sister-in-law, MBA (Master of Business Administration) will follow-up daily with [Staff #1] to ensure the above items are completed."</p> <p>Review on 1/25/24 of a second POP dated 1/25/24 completed and submitted by Staff #1 and the O/D/L/QP's sister-in-law revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? One of the options will be done:</p> <ol style="list-style-type: none"> <li>1. Search to obtain a certified med administration person to administer meds and record as such. Will document on the MAR form when meds are given.</li> <li>2. To take classes to become certified as a med administrator</li> </ol> <p>All of the above will be done ASAP (as soon as possible).</p> <p>Describe your plans to make sure the above</p>	V 118		

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V 118	<p>Continued From page 19</p> <p>happens. We will contacting appropriate agencies and medical professional personnel to acquire the necessary information to complete the above options."</p> <p>Clients #1 and #2 had diagnoses which included Moderate and Mild Intellectual Developmental Disability (IDD), Schizoaffective Disorder and Hyperlipemia. On 1/5/24, the O/D/L/QP was admitted to the hospital and Staff #1 was the only backup support staff. There was no evidence Staff #1 had been trained in medication administration, yet Staff #1 administered medications to Client #1 and Client #2 from 1/5/24 through 1/17/24. There were no physician orders for the medications. Staff #1 was unable to identify why the medications were ordered. Furthermore, Client #2 did not have a MAR from 1/1/24 through 1/17/24 and Client #1 did not have a MAR from 1/1/24 through the exit of the survey on 1/25/24.</p> <p>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.</p>	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p>	V 131		

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V 131	<p>Continued From page 20</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation that the North Carolina Health Care Personnel Registry (HCPR) was accessed for 1 of 1 qualified professional (Owner/Director/Licensee/Qualified Professional (O/D/L/QP)) and 1 of 1 paraprofessional (Staff #1). The findings are:</p> <p>Attempted review of staff personnel records on 1/16/24 and 1/17/24 revealed: No staff files with documentation of HCPR access were made available for review.</p> <p>Interviews on 1/16/24, 1/17/24, 1/18/24, and 1/22/24 with Staff #1 revealed: -She did not know where in the O/D/L/QP's office to locate staff records. -She could not access the O/D/L/QP's computer because she did not have his password. -She did not know how the HCPR was to be accessed. -She would continue to look for personnel records at the facility.</p>	V 131		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health,</p>	V 133		

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V 133	Continued From page 21  developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check	V 133		

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V 133	<p>Continued From page 22</p> <p>Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be</li> </ol>	V 133		

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NAME OF PROVIDER OR SUPPLIER  <b>DISABILITY MANAGEMENT SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3365 NEW WALKERTOWN ROAD WINSTON SALEM, NC 27105</b>
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V 133	<p>Continued From page 23</p> <p>filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A,</p>	V 133		



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V 133	<p>Continued From page 24</p> <p>Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to</p>	V 133		

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V 133	<p>Continued From page 25</p> <p>obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:                      (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.                      (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by:                      Based on record review and interview, the facility failed to provide documentation a request for a criminal background check had been submitted for 1 of 1 qualified professional (Owner/Director/Licensee/Qualified Professional (O/D/L/QP)) and 1 of 1 paraprofessional (Staff #1). The findings are:</p> <p>Attempted reviews of staff personnel records on 1/16/24 and 1/17/24 revealed:                      - No staff files with criminal background checks were made available for review.</p> <p>Interviews on 1/16/24, 1/17/24, 1/18/24, and 1/22/24 with Staff #1 revealed:                      -She would continue to look for personnel records at the facility.</p>	V 133		

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V 290	Continued From page 26	V 290		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(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.</p> <p>(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.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(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</p> <p>(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.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on</p>	V 290		

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V 290	<p>Continued From page 27</p> <p>duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a minimum of one staff was present at all times when a client was on the premises, or in the community, except when the client's treatment plan documented that the client was capable of remaining in the facility or community without supervision affecting 2 of 2 clients (Clients #1 and #2). The findings are:</p> <p>Review on 1/17/24 of Client #1's record revealed: -Admission date of 8/1/11. -Diagnosed with Moderate Intellectual Developmental Disability (IDD). -No assessment or treatment plan that Client #1 was capable of being unsupervised in the facility or in the community.</p> <p>Review on 1/17/24 of Client #2's record revealed: -Admission date of 1/17/13. -Diagnosed with Mild IDD, Schizoaffective Disorder and Hyperlipemia. -No assessment or treatment plan that Client #2 was capable of being unsupervised in the facility or in the community.</p> <p>Observation on 1/16/24 at 1:06 pm of the facility revealed:</p>	V 290		

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V 290	<p>Continued From page 28</p> <p>-No response to knocks at the front and back doors of the facility.</p> <p>Observation on 1/16/24 at 1:16 pm of the weather conditions at the facility revealed: -The outdoor temperature was around 37 degrees Fahrenheit and windy.</p> <p>Observation and interview on 1/16/24 at 2:37 pm with Client #2 revealed: -He was dropped off in the facility's driveway by his day program and stood outside near the facility's back door with a coat on and held a lunch bag. -He stated, "Nobody's here. [Client #1]'s laying down (inside the facility)." -"The group home manager, my caregiver, [Owner/Director/Licensee/Qualified Professional (O/D/L/QP)] is in the hospital." -Staff #1 and her son were taking care of him and Client #1. -His plan to get inside the facility was "I will wait until someone comes. Sometimes I have a key. I don't know where my key is right now." -He did not have a phone number to call Staff #1 or her son.</p> <p>Observation and interview on 1/16/24 at 2:57 pm with Staff #1 revealed: -She arrived at the facility and identified herself as the O/D/L/QP's wife. -She confirmed Client #1 was inside the facility alone without staff or other clients.</p> <p>Interview on 1/16/24 with Client #1 revealed: -He worked at a retail store on Mondays, Wednesdays, and Fridays. -He left for work around 6:00 am, his mother transported him to work, and he returned home between 4:00-5:00 pm.</p>	V 290		

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V 290	<p>Continued From page 29</p> <ul style="list-style-type: none"> <li>-He stayed alone at the facility on Tuesdays and Thursdays while the O/D/L/QP was in the hospital and Client #2 was at his day program.</li> <li>-He planned to call 9-1-1 if there was a fire or someone at the facility got hurt.</li> <li>-He had a cell phone he kept in his pocket, but he did not know his phone number.</li> <li>-He did not know the facility's phone number.</li> <li>-He provided an incorrect address of the facility's location.</li> </ul> <p>Interview on 1/16/24 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>-He attended a day program from Monday through Friday from 8:00 am until 2:30 pm.</li> <li>-"Sometimes my caregiver, [O/D/L/QP] is here when I come home (facility)."</li> <li>-Last week (1/8/24-1/12/24), he "came home 5 times and no one was here."</li> <li>-"If a fire broke out, I would go outside and go to the neighbors and call 9-1-1."</li> <li>-He gave the O/D/L/QP's cell phone number for the facility number.</li> </ul> <p>Observation and interview on 1/19/24 between 2:20 pm-2:30 pm with Staff #1's two sons revealed:</p> <ul style="list-style-type: none"> <li>-Both sons arrived at the facility at approximately 2:20 pm and identified themselves.</li> <li>-Staff #1 was their mother and she was currently at the hospital with their dad, the O/D/L/QP.</li> <li>-At 2:27 pm when Client #2's day program van pulled into the driveway, one of the sons asked, "who's that?"</li> <li>-They were unable to provide documentation that either of them had received any training to meet the needs of Clients #1 and #2.</li> <li>-One son stated, "that's what we're trying to figure out ...we had some training but we're unsure right now."</li> </ul>	V 290		

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V 290	<p>Continued From page 30</p> <p>Interviews on 1/16/24, 1/17/24, 1/18/24, 1/22/24 and 1/25/24 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-She came to the facility around 2:30-3:00 pm every day.</li> <li>-Client #1's mother picked him up from the facility around 5:00-6:00 am and took him to work.</li> <li>-Client #2 attended a day program, "Sometimes I have left before [Client #2] is on the van (in the mornings) and he will call me and tell me when he's on the van."</li> <li>-One of her sons stayed at the facility with Clients #1 and #2 on 1/14/24 while she visited the O/D/L/QP at the hospital.</li> <li>-Her sons were not staff members.</li> <li>-Client #1's mother "had not spent the night (at the facility) since [O/D/L/QP] had been ill."</li> <li>-"I have never left [Client #2] alone here since [O/D/L/QP]'s been in the hospital."</li> <li>-Her response to an observation on 1/16/24 of Client #2 being present at the facility without a staff was "[Client #1] was here."</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 290		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility was not maintained in a safe, clean and attractive manner. The findings are:</p>	V 736		

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V 736	<p>Continued From page 31</p> <p>Observation on 1/16/24 at 1:06 pm of the exterior of the facility revealed:</p> <ul style="list-style-type: none"> <li>-The back right door which led into an enclosed back patio had a shattered glass hole at the bottom of the door that was approximately 3-4 feet in height and ranged from 1 inch to 2 feet in width.</li> <li>-There were at least 50 pieces of shattered glass laying on the outside and at the bottom of the door. The pieces of glass varied in size from pin size to nickel size.</li> <li>-There were at least 16 window blind slats broken on the left side of the right door that had a shattered glass hole.</li> <li>-There were at least 10 tree branches that varied in size from 3-4 feet in length and were scattered in the front yard.</li> <li>-A pile of leaves about 6 feet by 3 feet blocked the clearance of the front walkway.</li> </ul> <p>Observation on 1/17/24 between 3:56 pm and 4:30 pm the facility's interior revealed:</p> <ul style="list-style-type: none"> <li>-The kitchen cabinet next to the refrigerator had a loose wooden drawer which contained eating utensils.</li> <li>-A brown colored substance was in the bottom of the dishwasher in an area about 1 ½ feet long by 1 ½ feet wide.</li> <li>-The bathtub wall surround was not secured to the tub near the water faucet and there were 2 back wall seams in the tub surround with a brown-colored substance approximately 6 feet on each side in height. The horizontal back wall seam between the tub and the wall surround had a brown-colored substance about 4 feet in length.</li> <li>-The bathroom wallpaper behind the bathroom door had more than 100 black-colored spots in an area that was approximately 4 feet in height and about 1 foot in width.</li> </ul>	V 736		



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V 736	<p>Continued From page 32</p> <ul style="list-style-type: none"> <li>-Client #1's twin-sized mattress and box spring contained more than 100 brown spots of debris on top and around the mattress and box spring's 2 sides, headboard, and footboard.</li> <li>-There were at least 3-4 spiderwebs attached to Client #1's wall above his door frame.</li> <li>-Client #2's twin-sized mattress and box spring contained more than 100 brown spots of debris on top and around the mattress and box spring's 2 sides, headboard, and footboard.</li> <li>-There were at least 10 window blind slats broken on the right bedroom window and 7 window blind slats broken on the left window.</li> <li>-3 spider webs hung down from the ceiling above Client #2's headboard to his bed.</li> <li>-The inside of the washing machine around the lid, inside drum and at the automatic fabric softener dispenser had burnt-orange colored and brown-colored areas that varied in size from 1-3 inches to 5-6 inches.</li> <li>-The top exterior of the dryer had an area of approximately 8 inches by 8 inches on the left side with blue and brown-colored spots.</li> </ul> <p>Review on 1/17/24 of a local health inspection report dated 12/12/23 revealed:</p> <ul style="list-style-type: none"> <li>-"Mold buildup was present in the bottom of the dishwasher."</li> <li>-"Cleaning is need (needed) in hallway bathroom on plumbing fixtures and in bathtub."</li> <li>-"Mattresses and pillows soiled ...mattresses worn ...blinds melted and broken."</li> <li>-The walls and ceilings "needed cleaning."</li> </ul> <p>Interview on 1/16/24 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>-He thought the glass was shattered at the back door because someone had "shut the door too hard."</li> </ul> <p>Interview on 1/17/24 with Staff #1 revealed:</p>	V 736		

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V 736	<p>Continued From page 33</p> <ul style="list-style-type: none"> <li>-The cabinet drawer was loose because it was off its track.</li> <li>-No one used the facility dishwasher; "All dishes were washed by hand."</li> <li>-She thought the "plexiglass" was shattered when the back door had been shut too hard. She did not know how long it had been in this condition. "I need to get that fixed."</li> <li>-She did not know what the substances were around the seams of the bathtub wall surround or the spots on the bathroom wallpaper. The bathtub wall surround and wallpaper "definitely needs cleaning."</li> <li>-Clients #1 and #2 were responsible for cleaning the bathroom.</li> <li>-She had "no clue" what the debris was on Client #1's and #2's bedroom mattresses and box springs.</li> <li>-She stated she would get the mattresses and box springs replaced.</li> <li>-The facility needed to be cleaned.</li> </ul>	V 736		