STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411243	A. BUILDING: _____ B. WING _____	07/10/2024

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EPIC LIFE FAMILY CARE HOMES	3102 BEACONWOOD DRIVE GREENSBORO, NC 27455

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V 000	INITIAL COMMENTS An annual survey was completed on July 10, 2024. 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 has a current 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 neglect listed on the North Carolina Health Care Personnel Registry.	V 107		

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V 107	Continued From page 1 (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 each staff member had a written job description affecting 2 of 2 staff (Qualified Professional (QP) and #1). The findings are Review on 7/9/24 of staff #1's record revealed: -Date of Hire: 3/26/21; -No documentation provided of a job description. Review on 7/9/24 of the QP's record revealed: -Date of Hire: 11/29/22; -No documentation provided of a job description. Interview with the Human Resource Assistant revealed:	V 107		

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V 107	Continued From page 2 - "I don't have the job descriptions for [staff #1 or QP]."	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 techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (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.	V 108		

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V 108	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff were currently trained in basic first aid and cardiopulmonary resuscitation (CPR) affecting 1 of 2 staff (#1). The findings are Review on 7/9/24 of text messages sent to staff #1 from the QP revealed: -A text message dated 5/29/24 that CPR training was scheduled on 6/10/24; -A reminder text message dated 6/9/24 was sent about CPR training. Review on 7/9/24 of staff #1's record revealed: -Date of Hire: 3/26/21; -CPR and first aid training expired on 4/1/24. Interview on 7/10/24 with staff #1 revealed: -He was unaware his CPR and first aid training was expired; -He attempted to attend first aid and CPR training in 2023 and was told that his certification did not expire until 2024. Interview on 7/9/24 with the QP revealed: -She was unaware of staff #1's first aid and CPR being expired; -She notified all her providers of upcoming training through text messaging.	V 108		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE	V 111		

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V 111	Continued From page 4 PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure an assessment was completed prior to the delivery of services affecting 2 of 2 clients (#1 and #2). The findings	V 111		

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V 111	Continued From page 5 are: Review on 7/9/24 of client #1's record revealed: -Date of Admission: 7/19/21; -Diagnoses: Intellectual Developmental Disability, Moderate; Autism Spectrum Disorder; and Obsessive Compulsive Disorder mixed hoarding; -No documentation provided of an admission assessment having been completed prior to admission; -An annual assessment was completed on 1/1/24 revealed that client #1 had behavior concerns of aggression towards others, self- injurious behaviors, and aggression towards property and toileting needs. Review on 7/9/24 of client #2's record revealed: -Date of Admission: 12/26/22; -Diagnoses: Intellectual Developmental Disability, Severe and Autism Spectrum Disorder; -No documentation provided of an admissions assessment having been completed prior to admission; -An annual assessment was completed on 1/1/24 revealed that client #2 had behavior concerns of aggression towards others, aggression towards property, and toileting needs. Interview on 7/9/24 with the Qualified Professional (QP) revealed: -The agency had experienced some turnover with the Program Managers position; -The Program manager completed the intake process and then hands her the admission documentation.	V 111		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND	V 736		

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V 736	Continued From page 6 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 observations and interviews the facility staff failed to ensure the facility and its grounds were maintained in a clean, attractive, and orderly manner and shall be kept free from offensive odor. The findings are: Observation on 7/8/24 at approximately 2:57pm revealed: -The gutters in the front and back of the facility had pine needles and leaves in them; -The outside shed was dry rotted across the bottom panel of the building; -In front of the storage building was a file cabinet and random boxes; Livingroom: -There were three large holes in the living room walls that were approximately 12 inches long and five inches wide; Hallway: -A hole in the wall approximately 10 inches long and 5 inches wide that exposed a metal pipe; -A previously patched hole approximately 10 inches long and 10 inches wide that needed to be painted; -The vent had excessive dust; Kitchen: -There were food particles in the bottom of the oven; -The blind over the sink had three broken blades; Dining room: -The wall in the kitchen had a hole in the wall approximately 5 inches long and 5 inches wide; Bathroom:	V 736		

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V 736	Continued From page 7 -The left corner in front of the tub had some black growth; Bedroom #1: -The dresser had a missing drawer; -The entire side of the mattress cover was ripped; Bedroom #2: -The wall underneath the window had two holes approximately 5 inches long and 5 inches wide; -The window did not have a blind or curtain; -Along the back wall in the corner was a hole approximately 3 inches long and 3 inches wide; -The room had a slight odor of urine; Bedroom #3: -The side of the mattress was ripped approximately 5 inches long. -The window in front of the door did not have a blind or curtain. -The window to the far left the blinds had two broken blades. -The ensuite toilet seat and tank cover was missing. -The outlet cover for the light switch was missing. -Facility needed overall cleaning. Interview on 7/8/24 with staff #1 revealed: -He had a maintenance guy who did repairs at the facility. The maintenance guy required the amount of work to be a "couple hundred dollars" prior to him coming out. Interview on 7/9/24 with the Qualified Professional revealed: -She was aware of the holes in the wall and had observed them during her visits to the home.	V 736		