STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-641	A. BUILDING: _____ B. WING _____	R 07/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R E S T GROUP HOME #3	635 DASHLAND DRIVE FAYETTEVILLE, NC 28303

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on July 30, 2024. The complaint was substantiated (intake #NC00218748). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 5 and has a current census of 5. The survey sample consisted of audits of 5 current clients.	V 000		
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,	V 108		

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V 108	Continued From page 1	V 108		

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.

This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to 1.) ensure 2 of 3 staff (#2, Former Staff (FS) #4) had training to meet the needs of the clients; 2.) ensure staff were currently trained in Cardiopulmonary Resuscitation (CPR) and First Aid for 1 of 3 staff. The findings are:

Review on 7/30/2024 of staff #2's personnel record revealed:
- Date of hire 7/1/2024.
- No evidence of training to meet the needs of the clients.
- No evidence of a certification in CPR/First Aid.

Interview on 7/30/24 staff #2 stated:
- He had worked at the facility for three weeks.
- He had previously trained in CPR and First Aid.
- He was scheduled for CPR and First Aid training on 8/3/2024.

Review on 7/30/2024 of FS #4's personnel record revealed:
- Date of hire 3/25/2024.
- Date of separation 6/24/2024.
- No evidence of training to meet the needs of the clients.

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V 108	Continued From page 2 Interview on 7/30/24 with the Assistant Director stated: -Staff #2 was scheduled for CPR and First Aid training on 8/3/2024. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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.	V 112		

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V 112	Continued From page 3	V 112		

This Rule is not met as evidenced by:
Based on record reviews and interviews the facility failed to obtain written consent of the responsible party or a written statement by the provider stating why such consent could not be obtained for 3 of 3 audited clients (#1, #2 and #5).

Finding #1
Review on 7/30/2024 of client #1's record revealed:
- Admitted on 8/2/1991.
- Diagnoses of Severe Intellectual Developmental Disability.
- Treatment plan dated 10/10/2023 revealed no signature by the legally responsible party.

Interview on 7/30/24 with client #1 stated he liked living at the facility.

Finding #2
Review on 7/30/2024 of client #2's record revealed:
- Admitted on 3/8/2015.
- Diagnoses of Mild Intellectual Development Disability, Intermittent Explosive Personality and Gastroesophageal Reflux Disease (GERD), Allergic Rhinitis and Tricuspid Regurgitation.
- Treatment plan dated 12/16/2023 revealed no signature by the legally responsible party.

Finding #3
Review on 7/30/2024 of client #5's record revealed:
- Admitted on 12/18/2009.

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V 112	Continued From page 4 - Diagnoses of Bi-polar Disorder, Mild Intellectual Developmental Disorder and Seizure Disorder. - Treatment plan dated 1/1/2024 revealed no signature by the legally responsible party. Interview on 7/30/24 with client #5 stated she lived at the facility and she was doing well. Interview on 7/30/2024 the Assistant Director stated: - She was the acting Qualified Professional (QP) for the facility in the absence of the Executive Director/QP. - She was not aware of why the treatment plans were not signed by the legal responsible party. - She understood treatment plans are required to be signed by the legal responsible party. 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) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans 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	V 114		

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V 114	Continued From page 5 simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are: Review on 7/30/2024 of facility records for May 2024 thru July 30, 2024 revealed: - No disaster drills were held during the May 2024 - July 30, 2024. - Only one fire drill was held during the month of May 2024 during the 6:00 am-10:00 pm shift. Interview on 7/30/2024 client #1 stated "they do drills, he doesn't remember the last time." Interview on 7/30/2024 client #2 stated "we have not done a fire drill in a few months. I know this past Friday we had a tornado drill." Interview on 7/30/2024 client #5 stated "I don't remember doing any fire and disaster drills in the last 2 months. I know we do them but I don't remember when." Interview on 7/30/2024 staff #2 stated: - They had worked at the facility for 3 weeks. - They had not completed any fire or disaster drills. - They had provided all completed fire and	V 114		

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V 114	Continued From page 6 disaster drills to the surveyors for review. Interview on 7/30/2024 the Assistant Director stated: - If any drills were done, they would be in the facility. - There were no other completed fire and disaster drills for review for the facility. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the	V 118		

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V 118	Continued From page 7	V 118		

drug.
(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.

This Rule is not met as evidenced by:
Based on record reviews, observation and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting three of three clients (#1, #2, #5). The findings are:

Finding #1
Review on 7/30/24 of client #1's record revealed:
- Admitted on 8/2/91.
- Diagnoses of Intellectual Developmental Disability-Severe.

Review on 7/30/24 of client #1's signed physician orders dated 10/21/23 revealed:
- Carbamazepine 200mg (milligrams) (bipolar) 200mg twice daily.
- Dextroamp-Amphetamine 20mg (stimulant) twice daily.
- Fenofibrate 160mg (cholesterol) 1 daily.
- Lorazepam 1mg (anxiety) 1 daily 1 daily.
- Magnesium 250mg (supplement) 1 daily.
- Olmesartan Hydrochlorothiazide (HCTZ) 20-12.5mg (hypertension) 1 daily.
- Omega-3 Ethyl Esters 1gm (gram) (supplement) 1 daily.
- Omeprazole Delayed Release (DR) 20mg

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V 118	Continued From page 8 (heartburn) 1 daily. - Quetiapine Extended Release (ER) 300mg (antipsychotic) 1 twice daily. - Fish Oil Enteric coated (EC) 1000mg (supplement) 1 twice daily Review on 7/30/24 of client #1's MARs between 6/1/24 -7/30/24 revealed the following blanks or dates with a slash mark with no documented explanation: June 2024 - Carbamazepine 200mg- 6/20/24 7:00am and 6:00pm; 6/24/24 7:00am and 6:00pm. - Dextroamp-Amphetamine 20mg- 6/20/24 7:00am and 6:00pm; 6/24/24 7:00am and 6:00pm. - Fenofibrate 160mg- 6/20/24 7:00am and 6/24/24 7:00am. - Lorazepam 1mg- 6/20/24 7:00am and 6/24/24 7:00am. - Magnesium 250mg 6/20/24 7:00am and 6/24/24 7:00am - Olmesartan HCTZ 20-12.5 mg- 6/20/24 7:00am and 6/24/24 7:00am. - Omega-3 Ethyl Esters 1 gm- 6/20/24 7:00am and 6:00pm; 6/24/24 7:00am - Omeprazole Dr 20mg- 6/20/24 7:00am and 6/24/24 7:00am. - Quetiapine ER 300mg- 6/20/24 7:00am and 6:00pm; 6/24/24 7:00am July 2024 - Fish Oil EC 1000mg- 7/1/24 6:00pm; 7/2/24 7:00am; 7/8/24 - 7/30/24 7:00am and 6:00pm. Interview on 7/30/24 client #1 stated he takes his medications.	V 118		

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V 118	Continued From page 9 Finding #2 Review on 7/30/24 of client #2's record revealed: - Admitted on 3/18/15 - Diagnoses of Intellectual Development Disability-Mild, Intermittent Explosive Personality, Gastroesophageal Reflux Disease, Allergic Rhinitis, Tricuspid Regurgitation Review on 7/30/24 of client #2's signed physician orders dated 2/21/24 revealed: - Lamotrigine 25mg (bipolar) 1 daily. - Ranolazine Extended Release (ER) 500mg (chest pain) 1 twice daily. - Cetirizine Hydrochloride (HCL) 10mg (antihistamine) 1 daily. - Famotidine 20mg (antacid) 1 daily. - Furosemide 20mg (edema) 1 twice daily. - Montelukast Sodium (SOD) 10mg (allergies) 1 at bedtime. - Omeprazole Delayed Release (DR) 20mg (heartburn) 1 daily. - Quetiapine Extended Release (ER) 150mg (antipsychotic) 2 every evening. Review on 7/30/24 of client #2's MARs between 6/1/241 -7/30/24 revealed the following blanks or dates with a slash mark with no documented explanation: June 2024 - Cetirizine HCL 10mg 6/20/24 and 6/24/24 at 7:00am. - Famotidine 20mg 6/20/24 at 7:00am. - Furosemide 20mg 6/20/24 at 7:00am and 6:00pm; 6/21/24 at 6:00pm and 6/24/24 at 7:00am. - Lamotrigine 25mg 6/20/24 at 7:00am; 6/24/24 7:00am. - Montelukast SOD 10mg 6/20/24 - 6/21/24 at 8:00pm.	V 118		

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V 118	Continued From page 10 - Omeprazole DR 20mg 6/20/24 at 8:00am; 6/24/24 at 8:00am. - Quetiapine ER 150mg 6/16/24 - 6/30/24 at 8pm. - Ranolazine ER 500mg 6/1/24 - 6/30/24 at 7:00am and 6:00pm July 2024 - Lamotrigine 25mg 7/20/24 - 7/25/24 at 7:00am. - Ranolazine ER 500mg 7/1/24 - 7/29/24 at 7:00am and 7:00pm. Interview on 7/30/24 client #2 stated she took her medications everyday. Finding #3 Review on 7/30/24 of client #5's record revealed: - Admitted on 12-18-08 - Diagnoses of Bi-polar disorder, Mild Intellectual Developmental Disorder, Seizure Disorder Review on 7/30/24 of client #5's signed physician orders dated 5/7/24 revealed: - Azelastine 0.1% Spray (allergies) 1 spray each nostril twice daily. - Budesonide-Formoterol 160-4.5 (asthma) inhale 2 puffs twice daily. - Cetirizine HCL 10mg (allergies) 1 every evening. - Clonidine HCL 0.1mg (hypertension) 1 three times daily. - Clotrimazole 1% Cream (antifungal) apply to affected area 2 times daily. - Duloxetine HCL DR 60 mg (depression) 1 every morning. - Eucrisa 2% Ointment (eczema) apply twice daily. - Famotidine 20mg (antacid) 1 daily. - Fluticasone Propionate 50 MCG Spray (eczema) 1 spray each nostril daily. - Hybiciens 4% liquid (antibacterial soap) use	V 118		

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V 118	Continued From page 11 once daily. - Ketoconazole 2% shampoo (dandruff) use three times weekly. - Lithium Carbonate ER 500mg (bipolar) 2 daily at dinner. - Low-Ogestrel-28 (birth control) 1 every evening. - Montelukast Sodium (SOD) 10mg (allergies) 1 every day. - Multivitamin (supplement) 1 daily. - Mupirocin 2% Ointment (antibiotic) apply twice daily. - Topiramate 100mg (seizures) 1 twice daily - Urea 40% Cream (dry skin) apply daily. - Vitamin D2 1.25mg (supplement) 1 weekly. - Vitamin C 500mg (supplement) 1 daily. - Zinc Gluconate 50mg (supplement) 1 daily - Gentamicin 0.1% Ointment (infections) apply three times daily. Review on 7/30/24 of client #5's MARs between 6/1/241 -7/30/24 revealed the following blanks or dates with a slash mark with no documented explanation: June - Azelastine 0.1% Spray 6/14/24 at 6:00pm; 6/15/24 at 7:00am and 6:00pm; 6/16/24 at 7:00am; 6/20/24 at 7:00am and 6:00pm; 6/24/24 7:00am - Budesonide-Formoterol 160-4.5 6/14/24 at 6:00pm; 6/15/24 at 7:00am and 6:00pm; 6/16/24 at 7:00am; 6/20/24 at 7:00am and 6:00pm; 6/24/24 at 7:00am. - Cetirizine HCL 10mg 6/14/24-6/15/24 at 4:00pm; 6/19/24-6/20/24 at 4:00pm - Clonidine HCL 0.1mg 6/15/24- 6/16/24 at 7:00am; 6/20/24 at 7:00am and 4:00pm; 6/24/24 at 7:00am; - Clotrimazole 1% Cream 6/15/24- 6/16/24 at 7:00am and 6:00pm; 6/24/24 at 7:00am and	V 118		

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V 118	Continued From page 12 6:00pm; - Duloxetine HCL DR 60 mg 6/15/24-6/16/24 at 7:00am; 6/20/24 7:00am; 6/2424 at 6/24/24. - Eucrisa 2% Ointment 6/15/16 and 6/16/24 at 7:00am and 6:00pm; 6/20/24 at 7:00am and 6:00pm; 6/24/24 at 7:00am. - Famotidine 20mg 6/15/24-6/16/24 at 7:00am; 6/20/24 at 7:00am; 6/24/24 at 7:00am. - Fluticasone Propionate 50 MCG Spray 6/15/24-6/16/24 at 7:00am; 6/20/24 and 7:00am; 6/24/24 at 7:00am. - Hybiciens 4% liquid 6/3/24 -6/21/24 at 7:00am; 6/23/24-6/30/24 at 7:00am; 6/1/24 and 6/3/24-6/21/24 and 6/23/24-6/30/24 at 6:00pm. - Lithium Carbonate ER 500mg - Low-Ogestrel-28 6/14/24-6/15/24 at 6:00pm; 6/20/24 at 6:00pm. - Montelukast Sodium (SOD) 10mg 6/15/24 -6/16/24, 6/20/24, 6/24/24 at 7:00am. - Multivitamin (supplement) 6/15/24 -6/16/24 at 7:00am; 6/20/24 at 7:00am and 6/24/24 at 7:00am. - Mupirocin 2% Ointment 6/9/24, 6/15/24, 6/16/24, 6/20/24 and 6/24/24 at 7:00am and 6:00pm. - Topiramate 100mg 6/14/24-6/15/24 at 6:00pm; 6/15/24-6/16/24 at 7:00am; 6/20/24 at 7:00am and 6:00pm; 6/24/24 at 7:00am. - Urea 40% Cream 6/15/24-6/16/24 at 7:00am; 6/20/24 7:00am; 6/24/24 7:00am. - Vitamin D2 1.25mg 6/11/24 - 6/30/24 at 7:00am - Vitamin C 500mg 6/2/24 7:00am; 6/19/24-6/20/24 at 7:00am; 6/24/24 at 7:00am. - Zinc Gluconate 50mg 6/20/24 at 7:00am and 6/24/24 at 7:00am July 2024 - Azelastine 0.1% Spray 7/26/24 at 6:00pm; 7/27/24 &:00am and 6:00pm; 7/28/24 7:00pm. - Budesonide-Formoterol 160-4.5 7/21/24 at	V 118		

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	MHL026-641	A. BUILDING: _____ B. WING _____	R 07/30/2024

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V 118	Continued From page 13 7:00am; 7/26/24 at 6:00pm; 7/27/24 at 7:00am and 6:00pm; 7/28/24 - 7/29/24 at 7:00am - Cetirizine HCL 10mg 7/16/24-7/17/24 at 4:00pm; 7/21/24 and 7/26/24 -7/27/24 at 4:00pm. - Clonidine HCL 0.1mg 7/21/24 at 4:00pm; 7/26/24-7/27/24 at 4:00pm; 7/27/24-7/28/24 at 7:00pm. - Clotrimazole 1% Cream 7/26/24 at 6:00pm; 7/27/24 at 7:00am and 6:00pm; 7/29/24 at 7:00am. - Duloxetine HCL DR 60 mg 7/27/24-7/28/24 at 7:00am. - Eucrisa 2% Ointment 7/26/24 at 6:00pm; 7/27/24 at 7:00am and 6:00pm; 7/29/24 at 7:00am. - Famotidine 20mg 7/27/24 - 7/28/24 at 7:00am. - Fluticasone Propionate 50 MCG Spray 7/1/24-7/4/24 at 7:00am; 7/27/24-7/28/24 at 7:00am - Hybiciens 4% liquid 7/1/24 - 7/30/24 at 7:00am. - Ketoconazole 2% shampoo 7/1/24 -7/30/24 - Lithium Carbonate ER 500mg 7/16/24 - 7/17/24 at 6:00pm; 7/26/24 -7/27/24 at 6:00pm. - Low-Ogestrel-28 7/26/24 - 7/27/24 at 6:00pm; 7/29/24 at 6:00pm. - Montelukast Sodium (SOD) 10mg 7/4/24 - 7/11/24 at 7:00am; 7/27/24-7/28/24 at 7:00am. - Multivitamin 7/27/24 -7/28/24 at 7:00am. - Mupirocin 2% Ointment 7/19/24 at 6:00pm; 7/26/24 at 6:00pm; 7/27/24 at 7:00am and 6:00pm; 7/28/24 at 7:00am. - Topiramate 100mg 7/27/24 -7/28/24 at 7:00am; 7/26/24-7/27/24 at 6:00pm. - Urea 40% Cream 7/23/24 - 7/24/24 at 7:00am; 7/27/24- 7/28/24 at 7:00am. - Vitamin D2 1.25mg 7/1/24 - 7/21/24 at 7:00am. - Vitamin C 500mg 7/27/24 and 7/28/24 at 7:00am. - Zinc Gluconate 50mg 7/27/24 and 7/28/24 at 7:00am.	V 118		

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V 118	Continued From page 14 - Gentamicin 0.1% Ointment 7/23/24 - 7/27/24 at 4:00pm; 7/27/24-7/28/24 at 7:00am. Interview on 7/30/24 client #5 stated: - She took her medications everyday, the staff gave her the medications and staff will call when the medication runs out. Interview on 7/30/24 the Assistant Director stated: - There should not be any blank spots on the MAR, if there are blanks it means staff just didn't document it. - During the medication administration training by the pharmacy we were trained to put a slash and put a note on the back why you didn't give the medication so no one could come back and accidentally mark in a blank spot. - There have been issues getting an order for Client #2's Quetiapine and Ranolazine and getting it refilled. - We have completed consents to change physicians. - There has been issues with the physicians availability and responding to staff's calls and messages. - She understood the MAR must be kept current and medications were to be administered on the order of a physician. Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification	V 131		

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V 131	Continued From page 15 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment for 1 of 3 audited staff (Assistant Director). The findings are: Finding #1 Review on 7/30/2024 of the Assistant Director's personnel record revealed: - Hire date: 2/14/2022. - No documentation the HCPR was accessed prior to hire. Interview on 7/30/2024 the Assistant Director stated: - "The human resource staff had recently left and is no longer employed." - She did not know why the HCPR check was not in her personnel record. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 131		

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V 366	Continued From page 16	V 366		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond	V 366		

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V 366	Continued From page 17 by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not	V 366		

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V 366	Continued From page 18 available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to incidents as required. The findings are: Finding #1 Review on 7/30/24 of client #1's record revealed: - Admitted on 8/2/91. - Diagnoses of Intellectual Developmental Disability-Severe. Finding #2 Review on 7/30/24 of client #2's record revealed: - Admitted on 3/18/15	V 366		

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V 366	Continued From page 19 - Diagnoses of Intellectual Development Disability-Mild, Intermittent Explosive Personality, Gastroesophageal Reflux Disease, Allergic Rhinitis, Tricuspid Regurgitation Finding #3 Review on 7/30/24 of client #5's record revealed: - Admitted on 12-18-08 - Diagnoses of Bi-polar disorder, Mild Intellectual Developmental Disorder, Seizure Disorder Refer to V118 regarding blanks and slash marks on clients Medication Administration Records (MAR). -Client #1, Client #2 and Client #5 had several blanks and slash marks on their MAR between 6/1/24- 7/30/24 with no documented explanation. Interview on 7/30/24 the Assistant Director she was the Qualified Professional for the facility in the absence of the Executive Director. The Executive Director was out of the country. She did not have access to any level 1 incident response for client's not receiving medication as the Executive Director only has access to those. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 366		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.	V 736		

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V 736	Continued From page 20 This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observations on 7/30/2024 between 10:17 am-10:30 am revealed: - Handicap bathroom beside bedroom #2, had black residue around the base of the shower and around the inside of shower floor; the plastic strip at the base of the shower was lifting and caulking around the toilet was brown and discolored. Interview on 7/30/2024 with staff #2 stated he saw the black residue in the shower and maintenance was coming today to work on it. Interview on 7/30/2024 with Assistant Director stated she was aware of the black residue in the shower and maintenance was going to the home today to fix it.	V 736		