

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL066-024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/30/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FAMILY ADVANTAGE LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104 HWY 301 N</b> <b>GARYSBURG, NC 27831</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on September 30, 2024. The complaint was substantiated (Intake #NC00219358). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, &amp; Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ol style="list-style-type: none"> <li>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</li> <li>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</li> <li>c. Misappropriation of the property of a healthcare facility.</li> <li>d. Diversion of drugs belonging to a health care facility or to a patient or client.</li> </ol>	V 132		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 132	<p>Continued From page 1</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to notify Health Care Personnel Registry (HCPR) of allegations within 5 working days for 1 of 3 audited staff (#3). The findings are:</p> <p>Review on 8/28/24 of staff #3's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Hired 1/30/23</li> <li>- Title: Residential Counselor</li> </ul> <p>Review on 9/3/24 of a 911 Communications report dated 5/31/24 revealed:</p> <ul style="list-style-type: none"> <li>- "Caller (FC #5) is a 13 YOM (year old male). A male at the group home pushed the caller on the floor for no reason. Male is a [staff #3] and he works for the group home."</li> <li>- "Caller asked the [staff #3] for water and the caller wanted to go outside and the caller adv (advised) that the [staff #3] subj (subject) got into the subj face and told him "Do you think I am f*cking around with you" and the caller wanted to go outside to cool down and turned back in to grab water and the [staff #3] subj pushed the caller on the ground and the caller walked out of the building away from the subj"</li> </ul> <p>Interview on 8/29/24 staff #3 reported:</p> <ul style="list-style-type: none"> <li>- FC #5 had got in his face</li> </ul>	V 132		

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V 132	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- He "had to get him out my face"</li> <li>- He implemented a "defensive shove"</li> <li>- FC #5 reported him to the police</li> <li>- The police investigated and concluded an "assault on a minor, but they (police) didn't press charges..."</li> </ul> <p>Interview on 8/28/24 the Mental Health Counselor (MHC) reported:</p> <ul style="list-style-type: none"> <li>- "[FC #5] said he was assaulted, but wouldn't give any details"</li> <li>- She didn't notify HCPR of the allegation because she didn't know she was supposed to</li> </ul> <p>Interview on 9/6/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- FC #5 "alleged assault" against staff #3</li> <li>- Believed staff #3 was reported to the HCPR</li> </ul> <p>Interview on 9/30/24 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- The MHC was responsible for reporting to the HCPR</li> <li>- Wasn't aware FC #5 alleged staff #3 assaulted him</li> <li>- Was aware the MHC didn't report staff #3 to the HCPR</li> </ul>	V 132		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall</p>	V 536		

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V 536	<p>Continued From page 3</p> <p>demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> <li>(1) knowledge and understanding of the people being served;</li> <li>(2) recognizing and interpreting human behavior;</li> <li>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</li> <li>(4) strategies for building positive relationships with persons with disabilities;</li> <li>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</li> <li>(6) recognizing the importance of and assisting in the person's involvement in making</li> </ol>	V 536		

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V 536	<p>Continued From page 4</p> <p>decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p>	V 536		

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V 536	<p>Continued From page 5</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p>	V 536		

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V 536	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 audited staff (#3) demonstrated competence in communication strategies for defusing and de-escalating potentially dangerous behaviors. The findings are:</p> <p>Review on 8/28/24 of staff #3's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Hired 1/30/23</li> <li>- Title: Residential Counselor</li> <li>- A Non-Crisis Intervention Plus (NCI +) Training certificate dated 2/1/24</li> </ul> <p>Review on 8/27/24 of former client (FC) #5's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 4/12/24</li> <li>- Age: 13</li> <li>- Diagnoses of Major Depressive Disorder, Oppositional Defiant Disorder &amp; Attention-Deficit/Hyperactivity Disorder</li> <li>- Treatment plan dated 4/4/24: "Family Advantage will assist [FC #5] in expressing feelings, making decisions, and encourage him to learn and implement effective coping skills to manage changes in mood."</li> </ul> <p>Review on 9/3/24 of a 911 Communications report dated 5/31/24 revealed:</p> <ul style="list-style-type: none"> <li>- "Caller (FC #5) is a 13 YOM (year old male). A male at the group home pushed the caller on</li> </ul>	V 536		

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V 536	<p>Continued From page 7</p> <p>the floor for no reason. Male is a [staff #3] and he works for the group home."</p> <ul style="list-style-type: none"> <li>- "Caller asked the [staff #3] for water and the caller wanted to go outside and the caller adv (advised) that the [staff #3] subj (subject) got into the subj face and told him "Do you think I am f*cking around with you" and the caller wanted to go outside to cool down and turned back in to grab water and the [staff #3] subj pushed the caller on the ground and the caller walked out of the building away from the subj"</li> </ul> <p>Review on 8/27/24 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> <li>- IRIS report dated 6/3/24: "Client (FC #5) was extremely aggressive and defiant with no regards to staff directives at all...client then defiantly and aggressively challenged staff by shouting, making threats and again demanding snacks wile shouting obscenities directly in staff's face; violating staffs personal space; staff used a defensive block using his hands in pushing client away from him.."</li> </ul> <p>Interview on 8/29/24 staff #3 reported:</p> <ul style="list-style-type: none"> <li>- FC #5 was disrupting the facility by stealing food and tearing up wires in the facility</li> <li>- He allowed FC #5 to do things that would calm himself down</li> <li>- FC #5 got in his face and he "had to get him out my face"</li> <li>- He implemented a "defensive shove"</li> <li>- FC #5 called the police</li> <li>- The police investigated and concluded an "assault on a minor, but they (police) didn't press charges..."</li> <li>- Recalled feeling "fight or flight" and implemented a "defensive shove"</li> </ul> <p>Attempted interviews on 8/28/24 &amp; 8/29/24 with</p>	V 536		



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V 536	<p>Continued From page 8</p> <p>FC #5's guardian was unsuccessful because FC #5's guardian didn't return any phone calls.</p> <p>Interview on 9/30/24 the NCI+ Chief Executive Officer/Owner reported:</p> <ul style="list-style-type: none"> <li>- De-escalation techniques involve talking to the client to resolve issue first</li> <li>- If the situation escalated to aggression then the staff should have moved himself out of the way</li> <li>- Staff should not put hands on the client in that manner</li> </ul> <p>Attempted interviews on 8/28/24, 8/29/24 &amp; 9/26/24 with the Compliance Officer/NCI+ Instructor was unsuccessful because the Compliance Officer/NCI+ Instructor didn't return any phone calls prior to the exit of the survey.</p> <p>Interview on 9/6/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- FC #5 was aggressive towards staff #3</li> <li>- Staff #3 attempted to de-escalate the situation by asking FC #5 to "step out of his (staff #3) face</li> </ul> <p>Interview on 9/30/24 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- Staff #3 "implemented a therapeutic hold" on FC #5</li> <li>- It was his understanding that the therapeutic hold FC #5 implemented was an approved NCI + technique</li> </ul>	V 536		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest &amp; ITO</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</p>	V 537		

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V 537	<p>Continued From page 9</p> <p>(a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.</p> <p>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene</p>	V 537		

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V 537	<p>Continued From page 10</p> <p>(understanding imminent danger to self and others);</p> <p>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence</p>	V 537		

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NAME OF PROVIDER OR SUPPLIER  <b>FAMILY ADVANTAGE LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104 HWY 301 N</b> <b>GARYSBURG, NC 27831</b>
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V 537	<p>Continued From page 11</p> <p>by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p>	V 537		

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V 537	<p>Continued From page 12</p> <p>(1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 audited staff (#3) demonstrated competency in the proper use of restrictive interventions. The findings are:</p> <p>Review on 8/28/24 of staff #3's personnel record revealed: - Hired 1/30/23 - Title: Residential Counselor - A Non-Crisis Intervention Plus (NCI+) Training certificate dated 2/1/24</p> <p>Review on 8/27/24 of former client (FC) #5's record revealed: - Admitted 4/12/24 - Age: 14</p>	V 537		

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V 537	<p>Continued From page 13</p> <ul style="list-style-type: none"> <li>- Diagnoses of Major Depressive Disorder, Oppositional Defiant Disorder &amp; Attention-Deficit/Hyperactivity Disorder</li> </ul> <p>Review on 9/3/24 of a 911 Communications report dated 5/31/24 revealed:</p> <ul style="list-style-type: none"> <li>- "Caller (FC #5) is a 13 YOM (year old male). A male at the group home pushed the caller on the floor for no reason. Male is a [staff #3] and he works for the group home."</li> <li>- "Caller asked the [staff #3] for water and the caller wanted to go outside and the caller adv (advised) that the [staff #3] subj (subject) got into the subj face and told him "Do you think I am f*cking around with you" and the caller wanted to go outside to cool down and turned back in to grab water and the [staff #3] subj pushed the caller on the ground and the caller walked out of the building away from the subj"</li> </ul> <p>Review on 8/27/24 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> <li>- IRIS report dated 6/3/24: "Client (FC #5) was extremely aggressive and defiant with no regards to staff directives at all...client then defiantly and aggressively challenged staff by shouting, making threats and again demanding snacks wile shouting obscenities directly in staff's face; violating staffs personal space; staff used a defensive block using his hands in pushing client away from him.."</li> </ul> <p>Interview on 8/29/24 staff #3 reported:</p> <ul style="list-style-type: none"> <li>- FC #5 was disrupting the facility by stealing food and tearing up wires in the facility</li> <li>- He allowed FC #5 to do things that would calm himself down</li> <li>- FC #5 got in his face and he "had to get him out my face"</li> <li>- Couldn't recall de-escalating FC #5 because</li> </ul>	V 537		

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V 537	<p>Continued From page 14</p> <p>the incident was a "blur" and he could barely remember what happened</p> <ul style="list-style-type: none"> <li>- Recalled feeling "fight or flight" and implemented a "defensive shove"</li> <li>- The "defensive shove" was described as an open hand shove to FC #5's chest</li> <li>- FC #5 fell onto the couch</li> <li>- FC #5 calmly got up, grabbed the facility phone and called the police</li> <li>- The police investigated and concluded an "assault on a minor, but they (police) didn't press charges..."</li> </ul> <p>Attempted interviews on 8/28/24 &amp; 8/29/24 with FC #5's guardian was unsuccessful because FC #5's guardian didn't return any phone calls.</p> <p>Interview on 9/30/24 the NCI+ Chief Executive Officer/Owner reported:</p> <ul style="list-style-type: none"> <li>- The "defensive block" described was not an approved NCI + technique</li> <li>- If the situation escalated to aggression then the staff should have moved himself out of the way</li> <li>- Staff should not put hands on the client in that manner</li> </ul> <p>Attempted interviews on 8/28/24, 8/29/24 &amp; 9/26/24 with the Compliance Officer/NCI+ Instructor was unsuccessful because the Compliance Officer/NCI+ Instructor didn't return any phone calls prior to the exit of the survey.</p> <p>Interview on 9/6/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- FC #5 was aggressive towards staff #3</li> <li>- Staff #3 used a "therapeutic move" on FC #5</li> <li>- The "therapeutic move" was described as two opened hand shove</li> <li>- The "therapeutic move" was an approved NCI</li> </ul>	V 537		

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V 537	Continued From page 15  + technique - FC #5 "just gradually pushed him out the way...wasn't forceful and was just guidance to remove him out of his space"  Interview on 9/30/24 the Licensee reported: - Staff #3 "implemented a therapeutic hold" on FC #5 - It was his understanding that the therapeutic hold FC #5 implemented was an approved NCI + technique - The Compliance Officer/NCI + Instructor told him the therapeutic hold FC #5 implemented was an approved NCI + technique	V 537		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean and attractive manner. The findings are:  Observation at 10:29am on 8/27/24 revealed: - Marker and pen drawings on client #1's bedroom walls - Small hole in the wall near the light switch in client #2's bedroom - Clients #3 & #4's bedroom had a medium sized hole approximately 4 inches wide in the wall near client #4's headboard  Interview on 8/27/24 client #3 reported:	V 736		



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V 736	<p>Continued From page 16</p> <ul style="list-style-type: none"> <li>- Lived in the facility for a few weeks</li> <li>- Noticed the hole in the wall in his bedroom</li> <li>- The hole was already there when he moved in</li> <li>- The facility "stinks sometimes because of the sewer...every once and a while"</li> <li>- "They (Management) need to change the pipes"</li> </ul> <p>Interview on 8/27/24 client #4 reported:</p> <ul style="list-style-type: none"> <li>- Lived in the facility for a week</li> <li>- Didn't know what happened to the wall</li> <li>- The hole was there when he was admitted</li> <li>- "The bathroom stinks everyday and its not from someone using the bathroom"</li> <li>- The bathroom smelled like sewer</li> </ul> <p>Interview on 9/30/24 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- The facility had a sewage odor</li> <li>- There was a smell on the outside of the facility due to the septic tank filling up when it rained</li> <li>- Got the septic tank pumped 10-15 times a year</li> <li>- The septic tank was a reoccurring problem and he called the plumbers whenever it happened</li> <li>- Recently repaired and painted the facility, but he hasn't completed all of the repairs yet</li> </ul> <p>This deficiency has been cited 3 times since the original cite on 5/22/23 and must be corrected within 30 days.</p>	V 736		