

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-214</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/11/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ASHTON W LILLY HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>566 WILKES ROAD</b> <b>FAYETTEVILLE, NC 28306</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on October 11, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p> <p>This facility is licensed for 14 and currently has a census of 8. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(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</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 4 audited staff (#3) had current first aid/cardiopulmonary resuscitation (CPR) training. The findings are:</p> <p>Review on 10/09/24 and 10/10/24 of staff #3's personnel record revealed: - Date of hire: 09/19/23. - No documentation of current first aid/CPR training.</p> <p>Interview on 10/09/24 staff #3 stated: - He was the only staff working 2nd shift today (10/09/24). - He had all training to meet client needs. - He was the "sleeping body" overnights during weekday to supervise clients and assist as needed. - He was the only staff overnight.</p> <p>Interview on 10/09/24 and 10/11/24 the Lead House Manager stated: - All staff should have CPR/1st aid. - He spoke with staff #3 about first aid/CPR. - Staff #3 stated he did not have first aid/CPR. - He had been setting up training to ensure current training for staff #3 in first aid/CPR.</p>	V 108		

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V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the</p>	V 110		

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V 110	<p>Continued From page 3</p> <p>governing body failed to develop and implement policies and procedures for individualized supervision plans of paraprofessionals by a Qualified or Associate Professional (QP or AP) affecting four of four audited paraprofessional staff (#2, #3, Lead House Manager and Director). The findings are:</p> <p>Review on 10/09/24 of the facility's plan of correction for the survey dated 02/23/22 and signed by the Executive Director on 03/18/22 revealed:</p> <ul style="list-style-type: none"> <li>- "...QP supervise all paraprofessional staff."</li> <li>- "Will get QP supervision plan together for staff."</li> </ul> <p>Review on 10/09/24 of facility records revealed:</p> <ul style="list-style-type: none"> <li>- No QP or AP identified on the staff roster at the facility.</li> <li>- No QP or AP job description.</li> </ul> <p>Review on 10/09/24 of staff #2's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Hire date of 05/04/23..</li> </ul> <p>Review on 10/09/24 of staff #3's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Hire date of 04/11/24.</li> </ul> <p>Review on 10/09/24 of the Lead House Manager's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Hire date of 09/19/23.</li> </ul> <p>Review on 10/09/24 and 10/10/24 of the Director's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Date of hire: House Manager 01/17/22.</li> <li>- Date of hire: Counselor 05/01/23.</li> <li>- Registration as a Certified Alcohol and Drug Counselor 04/17/23.</li> </ul> <p>Review on 10/09/24 and 10/10/24 of personnel</p>	V 110		

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V 110	Continued From page 4  records for the paraprofessional staff listed above revealed no documentation of an individualized supervision plan by a QP or AP.  Interview on 10/09/24 and 10/10/24 the Lead House Manager stated: - The Director was on vacation. - He understood all paraprofessional had to be supervised by an AP or a QP.  This deficiency has been cited 4 times since the original cite on February 23, 2022 and must be corrected within 30 days.	V 110		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE 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	V 111		

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V 111	<p>Continued From page 5</p> <p>treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to provide documentation that an assessment was completed prior to the delivery of services for 1 of 3 audited clients (#6). The findings are:</p> <p>Review on 10/10/24 of client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 09/24/24.</li> <li>- Diagnoses Alcohol Use Disorder, Congestion Heart Failure, Depression, Post Traumatic Stress Disorder.</li> <li>- He was own guardian.</li> <li>- Admission assessment dated 09/06/24 no diagnosis, no presenting problems, client needs not addressed, no social or family history and no program recommendations.</li> </ul> <p>Interview on 10/10/24 client #6 stated:</p> <ul style="list-style-type: none"> <li>- He had not been in the program for 30 days.</li> <li>- He does not remember completing an admission assessment with the Director.</li> <li>- He has not reviewed goals with the Director.</li> </ul>	V 111		

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V 111	Continued From page 6  Interview on 10/10/24 the Lead House Manager stated: - The Director was responsible for the admission assessments. - The Director was on vacation.	V 111		
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 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:	V 114		

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V 114	<p>Continued From page 7</p> <p>Review on 10/10/24 of the facility's record for fire and disaster drills revealed:</p> <ul style="list-style-type: none"> <li>- No documentation of fire or disaster drills held on 1st, 2nd or 3rd shifts for the last quarter of 2023 (October 2023 - December 2023).</li> <li>- No documentation of fire or disaster drills held on 1st, 2nd, and or 3rd shift for the 3rd quarter of 2024 (July 2024 - September 2024).</li> </ul> <p>Interview on 10/09/24 client #1 stated:</p> <ul style="list-style-type: none"> <li>-He had resided at the facility for 6 months.</li> <li>-He had participated in fire drills one time a month.</li> <li>-He did not do disaster drills.</li> </ul> <p>Interview on 10/09/24 client #2 stated:</p> <ul style="list-style-type: none"> <li>-He had resided at the facility for 2 months.</li> <li>-He had not completed any fire or disaster drills at the facility.</li> </ul> <p>Interview on 10/09/24 the Lead House Manager stated:</p> <ul style="list-style-type: none"> <li>-The shifts for the facility were: 1st shift 6am - 2pm, 2nd shift 2pm - 10pm and 3rd shift 10pm - 6am.</li> <li>-Fire and Disaster drills were completed monthly but, he was unsure if drills were repeated on each shift.</li> <li>-The facility was closed from December 2023 - June 2024.</li> </ul>	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</p>	V 118		



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V 118	<p>Continued From page 8</p> <p>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, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(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> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <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> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure unlicensed persons were trained in medication administration by a legally qualified person to prepare and administer medications affecting 1 of 4 audited staff (#3). The findings are:</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>Review on 10/09/24 and 10/10/24 of staff #3's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Date of hire: 09/19/23.</li> <li>- No documentation of medication administration training.</li> </ul> <p>Interview on 10/09/24 staff #3 stated:</p> <ul style="list-style-type: none"> <li>- He was the only staff working 2nd shift today.</li> <li>- He had all training to meet client needs.</li> <li>- He was the "sleeping body" overnights during weekday to supervise clients and assist as needed.</li> <li>- He was the only staff overnight.</li> <li>- He provided medications to the clients and supervised the administration.</li> <li>- He documented on medication administration records.</li> </ul> <p>Interview on 10/09/24 and 10/11/24 the Lead House Manager stated:</p> <ul style="list-style-type: none"> <li>- All staff should medication training.</li> <li>- He spoke with staff #3 about medication administration training.</li> <li>- He had been setting up an inservice to ensure staff #3 had medication training.</li> </ul>	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 10</p> <p>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 2 of 4 audited staff (#3 and the Lead House Manager). The findings are:</p> <p>Finding #1: Review on 10/09/24 and 10/10/24 of staff #3's record revealed: - Date of hire: 09/19/23. - HCPR accessed 01/31/24</p> <p>Finding #2: Review on 10/09/24 of the Lead House Manager's personnel record revealed: - Date of re-hire: 09/04/23. - HCPR accessed 03/15/22. - No documentation of HCPR was accessed prior to re-hire.</p> <p>Interview on 10/09/24 the Office Manager stated: - She understood all relevant trainings and documentation should be completed before staff work with clients. - She would ensure all staff records were corrected.</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</p>	V 133		

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V 133	<p>Continued From page 11</p> <p>program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(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</p>	V 133		

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NAME OF PROVIDER OR SUPPLIER  <b>ASHTON W LILLY HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>566 WILKES ROAD</b> <b>FAYETTEVILLE, NC 28306</b>
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V 133	<p>Continued From page 12</p> <p>and Human Services, Criminal Records Check 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</li> </ol>	V 133		

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V 133	<p>Continued From page 13</p> <p>the person and the job duties of the position to be 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</p>	V 133		

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V 133	<p>Continued From page 14</p> <p>Issuing Monetary Substitutes; Article 5A, 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</p>	V 133		

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V 133	<p>Continued From page 15</p> <p>employ an applicant conditionally prior to 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 reviews and interviews, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting three of four audited staff (#3, Lead House Manager and Director). The findings are:</p> <p>Review on 10/09/24 of staff #3's record revealed:                      - Date of hire: 09/19/23.                      - Criminal background check 01/31/24.</p> <p>Finding #3:                      Review on 10/09/24 of the Lead House Manager's personnel record revealed:                      - Date of re-hire: 09/04/23.                      - criminal history check completed 01/14/20.                      - No documentation of a criminal history check completed after re-hire 09/04/23.</p>	V 133		



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V 133	<p>Continued From page 16</p> <p>Finding #4: Review on 10/09/24 and 10/10/24 of the Director's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Date of hire: House Manager 01/17/22.</li> <li>- Date of hire: Counselor 05/01/23.</li> <li>- Registration as a Certified Alcohol and Drug Counselor 04/17/23.</li> <li>- Criminal background check labeled as mailed on 04/19/21.</li> <li>- No documentation of a criminal history check completed</li> </ul> <p>Interview on 10/09/24 the Office Manager stated:</p> <ul style="list-style-type: none"> <li>- She understood all relevant trainings and documentation should be completed before staff work with clients.</li> <li>- She would ensure all staff records were corrected.</li> </ul>	V 133		
V 768	<p>27G .0304(d)(4) Non-Client Accommodations</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(4) In facilities with overnight accommodations for persons other than clients, such accommodations shall be separate from client bedrooms.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure overnight</p>	V 768		

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V 768	<p>Continued From page 17</p> <p>accommodations for persons other than clients were separate from client bedrooms. The findings are:</p> <p>Review on 10/09/24 of the facility's license revealed a licensed capacity of 14 clients.</p> <p>Review on 10/09/24 of the facility client list completed by the Lead House Manager revealed the person currently residing in room #7 was not a client of the facility.</p> <p>Observations on 10/09/24 at approximately 1:00pm revealed:</p> <ul style="list-style-type: none"> <li>- Bedroom #8 was occupied by the "sleeping body" staff for overnight hours.</li> <li>- Bedroom #7 (licensed for 2 client beds) was occupied by a person no longer received treatment at the facility.</li> </ul> <p>Interview on 10/09/24 staff # 3 stated the person who resided in room #7 was a previous client at the facility.</p> <p>Interview on 10/09/24 and 10/09/24 the Lead House Manager stated:</p> <ul style="list-style-type: none"> <li>- The person in bedroom #7 used to be a client at the facility.</li> <li>- He understood only clients currently admitted to the facility can occupy a licensed bed.</li> </ul>	V 768		