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	MHL0411246	A. BUILDING: _____ B. WING _____	12/05/2024

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V 000	INITIAL COMMENTS An annual survey was completed on December 5, 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 3. The survey sample consisted of audits of 3 current clients.	V 000		
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 1	V 112		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure the treatment plan for 1 of 3 audited clients (Client #3) was updated and failed to document the capability of 1 of 3 audited clients (Client #1) remaining in the community without staff supervision. The findings are:

Review on 12/5/24 of Client #1's record revealed:
-Admission date of 3/24/23.
-Diagnosed with Mild Intellectual Developmental Disability (IDD), Attention-Deficit Hyperactivity Disorder (ADHD), Depressive Disorder, Obsessive Compulsive Disorder (OCD) and Oppositional Defiant Disorder (ODD).
-No documentation Client #1 had unsupervised time in the community without staff supervision.

Review on 12/5/24 of Client #3's record revealed:
-Admission date of 8/28/24.
-Diagnosed with Mild Intellectual Developmental Disability (IDD), Bipolar Disorder, Schizophrenia, Anxiety Disorder, and Disruptive Mood Dysregulation Disorder (DMDD).
-His 7/1/24 treatment plan was not updated to show his current residential placement.

Interview on 12/3/24 with Client #1 revealed:
-He was transported on public transportation to and attended church on Sundays without staff supervision.
-He went to church before 9:00 am on Sundays

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V 112	Continued From page 2 and came back to the facility around 2:00 pm. Interview on 12/5/24 with the Qualified Professional (QP) revealed: -Client #1 and Client #3's LME (Local Management Entity) Care Coordinators were responsible for updates to Client #1's and Client #3's treatment plans. -He would contact the Care Coordinators to have the treatment plans updated.	V 112		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30	V 119		

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V 119	Continued From page 3 calendar days after the date of discharge. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to disposed of expired and discontinued client medications. The findings are: Observation on 12/4/24 between 11:13 am-11:45 am of the facility revealed: -The medication closet contained the following discontinued and expired medications in the overflow drawer of a file cabinet: -Client #1's Hydroxyzine Hydrochloride (HCL) 25 mg which was filled on 11/15/24 and expired 11/14/24. -Client #2 had a medication pack of Ozempic 0.25 mg which was filled on 4/1/24. -Client #2 had 6 out of 15 medication boxes of Fluticasone Propionate 50 micrograms (mcg) which were expired. Interview on 12/4/24 with Staff #1 revealed: -She did not want Clients #1 and #3 to run out of any of their medications the reason the overflow medications were maintained in the medication overflow drawer. Interview on 12/4/24 with Staff #5 revealed: -No explanation for the facility having maintained Client #1's expired Hydroxyzine HCL 25 mg at the facility. -Client #2 was prescribed Ozempic 0.25 mg for weight loss but he did not take this medication. This medication had been discontinued by Client	V 119		

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V 119	Continued From page 4 #2's doctor. -Any expired or discontinued client medication was to be disposed of or returned to the pharmacy. -She would follow up to ensure the expired and discontinued client medications were returned to the pharmacy. Interview on 12/5/24 with the Qualified Professional and Owner/Licensee revealed: -The Group Home Manager and Staff #5 were addressing the expired and discontinued client medications with the group home staff.	V 119		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on record review and interview, the facility to failed to ensure all medication administration errors were reported immediately to a physician or pharmacist affecting 2 of 3 audited clients (Client #2 and Client #3). The findings are:	V 123		

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V 123	Continued From page 5	V 123		

Review on 12/5/24 of Client #2's record revealed:
-Admission date of 1/26/23.
-Diagnoses of Mild Intellectual Developmental Disability (IDD), Autism Spectrum Disorder, Disruptive Mood Disorder, Attention-Deficit Hyperactivity Disorder, and Sensory Processing Disorder.
-No documentation of Client #2's refusal of his morning (am) Fluticasone Propionate 50 micrograms (mcg) in which a physician or pharmacist was notified of Client #2's missed medication doses.

Reviews on 12/4/24 and 12/5/24 of Client #2's MAR for September 2024, October 2024 and November 2024 revealed:
-Client #2 refused his am Fluticasone Propionate 50 mcg dose from 9/1/24- 9/30/24, 10/1/24-10/31/24 and 11/1/24-11/30/24.

Review on 12/5/24 of Client #3's record revealed:
-Admission date of 8/28/24.
-Diagnoses of Mild IDD, Bipolar Disorder, Schizophrenia, Anxiety Disorder, Type II Diabetes, and Disruptive Mood Dysregulation Disorder (DMDD).
-No documentation in the internal incident report dated 12/3/24 that a physician or pharmacist was notified of Client #3's missed medication doses between 7:00 pm-9:00 pm.

Attempted interview on 12/3/24 with Client #2 revealed:
-He did not open his bedroom door or verbally respond to surveyor's request for an interview.

Interview on 12/4/24 with Client #3 revealed:
-He refused his evening (pm) medications because he was asleep.
-He tried to have Staff #2 give him his

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V 123	Continued From page 6 medications when he woke up and Staff #2 told him it was "too late" to give him his medications. Interview on 12/5/24 with the Qualified Professional revealed: -The documentation regarding missed client medications with the doctor or pharmacist notified was located in each client's T-Log, which is an electronic client record system. -No written or electronic documentation was provided which revealed missed and refused medication doses for Clients #2 and #3 were reported immediately to a physician or pharmacist. -Client #2's doctor needed to have been consulted about whether Client #2 needed to have his Fluticasone Propionate 50 mcg discontinued.	V 123		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification 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 review and interview, the facility failed to access the North Carolina Health Care	V 131		

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V 131	Continued From page 7 Personnel Registry (HCPR) prior to the date of hire for 1 of 3 audited staff (Staff #2). The findings are: Review on 12/5/24 of Staff #2's personnel file revealed: -Hire date of 7/24/24. -HCPR accessed on 10/23/24. Interview on 12/5/24 with the Qualified Professional and Owner/Licensee revealed: -They would follow up and ensure the correct process was followed.	V 131		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be	V 290		

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V 290	Continued From page 8 present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assess the capability for 1 of 3 audited clients (Client #1) to be unsupervised in the community without staff supervision. The findings are: Review on 12/5/24 of Client #1's record revealed: -Admission date of 3/24/23. -Diagnosed with Mild Intellectual Developmental Disability (IDD), Attention-Deficit Hyperactivity Disorder (ADHD), Depressive Disorder, Obsessive Compulsive Disorder (OCD) and Oppositional Defiant Disorder (ODD).	V 290		

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V 290	Continued From page 9 -No documentation Client #1 had been assessed for unsupervised time in the community without staff supervision. Interview on 12/3/24 with Client #1 revealed: -He rode a public transportation bus to church on Sundays without staff with him. -He went to church before 9:00 am on Sundays and came back to the facility around 2:00 pm. -"Its just me because [Owner/Licensee] said I could go by myself because he trusted me." Interview on 12/4/24 with Staff #3 revealed: -Client #1 rode a public transportation bus to church on Sundays. -This was the only time he knew where Client #1 went into the community without staff with him. -He did not know if the unsupervised time was in Client #1's treatment plan. Interview on 12/5/24 with the Qualified Professional (QP) revealed: -Client #1 had no unsupervised time because "he lives in a group home." -He would follow up to have Client #1 assessed for his capability of unsupervised time in the community.	V 290		