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V 000	INITIAL COMMENTS An annual survey was completed on December 17, 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 4 and has a current census of 2. The survey sample consisted of audits of 2 current clients and 1 deceased client.	V 000		
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.	V 114		

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V 114	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were done quarterly on each shift. The findings are: Review on 12/16/24 of the facility's fire and disaster drill log from (March 2024-November 2024) revealed: -There was no fire drill conducted by the live in staff for the 3rd quarter (July, August, September) of 2024. -There was no disaster drill conducted by the relief staff for the 2nd quarter (April, May, June) of 2024. -There was no disaster drill conducted by the live in staff for the 3rd quarter (July, August, September) of 2024. Attempted interview on 12/16/24 with client #1 revealed: -She was deaf and mute. -She could not communicate with the Division of Health Service Regulation surveyor. Attempted interview on 12/12/24 with client #2 revealed: -He could not communicate due to his limited intellectual capacity. Interview on 12/12/24 with staff #1 revealed: -She transferred to this facility about three months ago. -She had not done any fire or disaster drills since she worked at the facility. -The Residential Supervisor did the fire and disaster drills with the clients. Interview on 12/16/24 with the Residential Supervisor revealed: -The facility had two shifts.	V 114		

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V 114	Continued From page 2 -She did most of the fire and disaster drills with the clients. -The other staff were not consistently doing fire and disaster drills. -She was not sure why the other staff were not doing the drills. -She confirmed the facility failed to conduct fire and disaster drills quarterly on each shift.	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 drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR	V 118		

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V 118	Continued From page 3 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to keep the MARs current affecting two of two current clients (#1 and #2). The findings are: Review on 12/12/24 of client #1's record revealed: -Admission date of 6/16/05. -Diagnoses of Moderate Intellectual Disability, Schizoaffective Disorder, Intermittent Explosive Disorder, Post-Traumatic Stress Disorder, Conduct Disorder, Type II Diabetes, Gastroesophageal Reflux Disease (GERD), Hypertension, Urinary Incontinence, Congenital Deafness, Tachycardia, Mute, Enuresis and Dry Eye Syndrome. -Physician's order dated 2/14/24 for Amantadine 100 milligrams (mg) (Parkinson's Disease), one capsule twice daily and Metformin 500 mg (Diabetes), one tablet twice daily. Review on 12/12/24 of a MAR for client #1 revealed: No staff initials to indicate the medication was administered for the following- November 2024- -Amantadine 100 mg on 11/30 8pm dose -Metformin 500 mg on 11/8 thru 11/11 8pm doses	V 118		

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V 118	Continued From page 4 Reviews on 12/12/24 and 12/16/24 of client #2's record revealed: -Admission date of 4/3/09. -Diagnoses of Severe Intellectual Disability, Atopic Dermatitis, Osteoporosis, GERD, Asthma, Congenital Skeletal Deformities, History of Deep Vein Thrombosis and Anemia. -Physician's order dated 11/11/24 for Ipratropium 0/06% (Allergies), place 2 sprays into both nostrils three times daily. -Physician's order dated 10/11/24 for Acetaminophen 500 mg (Pain Relief), two tablets three times daily; Advair 100/50 Diskus (Asthma), inhale one puff twice daily; Trazodone 50 mg (Depression), one tablet at bedtime and Omeprazole 20 mg (GERD), one capsule daily -Physician's order dated 1/24/24 for Senna Plus (Constipation), one tablet daily. Review on 12/12/24 of a MAR for client #2 revealed: No staff initials to indicate the medication was administered for the following- October 2024- -Ipratropium 0/06% on 10/22 thru 10/24, 10/29, 10/30 8am doses; 10/21 thru 10/24, 10/28 thru 10/30 2pm doses and 10/21 thru 10/24, 10/28, 10/29 8pm doses -Acetaminophen 500 mg on 10/20 thru 10/31 8pm doses; 10/28 2pm dose and 10/29 8am dose -Advair 100/50 Diskus on 10/28 and 10/29 8am doses; 10/27 and 10/28 8pm doses -Trazodone 50 mg on 10/29 -Omeprazole on 10/29 -Senna Plus on 10/29 Interview on 12/12/24 with staff #1 revealed:	V 118		

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V 118	Continued From page 5 -She was not working on those days clients #1 and #2 had blank spaces on his MAR. -She wasn't sure why staff did not put their initials to indicate the medication was administered. -She confirmed the MARs were not kept current for clients #1 and #2. Interview on 12/16/24 with the Residential Supervisor revealed: -"There was a lot going on in this facility with [Deceased Client #3] being sick a few months ago." -"[Former Staff #3] also quit the facility without giving any notice that she was leaving." -The clients did get their medication. -Staff didn't consistently put their initials on the MARs to indicate the medication was administered. -She confirmed the MARs were not kept current for clients #1 and #2.	V 118		
V 128	26C .0303(A-D) Death Reporting Requirements 10A NCAC 26C .0303 DEATH REPORTING REQUIREMENTS. (a) Upon learning of the death of a client currently receiving services, a facility shall file a report in accordance with G.S. 122C-31 and these Rules. A facility shall be deemed to have learned of a death when any facility staff obtains information that the death occurred. (b) A written notice containing the information listed under Paragraph (d) of this Rule shall be made immediately for deaths occurring within seven days of physical restraint or seclusion of a client. (c) A written notice containing the information under Paragraph (d) of this Rule shall be made within three days of any death resulting from	V 128		

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violence, accident, suicide or homicide.
(d) Written notice may be submitted in person, telefascimile or electronic mail. If the reporting facility does not have the capacity or capability to submit a written notice immediately, the information contained in the notice can be reported by telephone following the same time requirements under Subparagraph (b) and (c) of this Rule until such time the written notice can be submitted. The notice shall include at least the following information:
(1) Reporting facility: name, address, county, license number (if applicable); Medicare/Medicaid provider number (if applicable); facility director and telephone number; name and title of person preparing report; first person to learn of death and first staff to receive report of death; facility telephone number; and date and time report prepared;
(2) Client information: name, client record number, unit/ward (if applicable); Medicare/Medicaid number (if applicable); date of birth, age, height, weight, sex, race, competency, admitting diagnoses, primary or secondary mental illness, developmental disability or substance abuse diagnoses, primary/secondary physical illness/conditions diagnosed prior to death, date(s) of last two medical examinations (if known), date of most recent admission to a state-operated psychiatric, developmental disability or substance abuse facility (if known); and date of most recent admission to an acute care hospital for physical illness (if known);
(3) Circumstances of death: place and address where decedent died; date and time death was discovered; physical location decedent was found, cause of death (if known), whether or not decedent was restrained at the time of death or within seven days of death and if so, a description

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V 128	Continued From page 7 of the type of restraint and its usage; whether or not decedent was in seclusion at the time of death or within seven days of death and if so, a description of the seclusion episode(s); and a description of the events surrounding the death; and (4) Other information: list of other authorities such as law enforcement or the County Department of Social Services that have been notified, have investigated or are in the process of investigating the death or events related to the death. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to file a report upon learning of the death of one of one deceased client (DC #3) currently receiving services in the facility. The findings are: Review on 12/12/24 of DC #3's record revealed: -Admission date of 1/31/22. -Diagnoses of Unspecified Intellectual Disability, Schizophrenia-Paranoid Type, Pancreatic Cancer, Hypertension, Dorsalgia, Vitamin D deficiency, Constipation, Obesity and Chronic Rhinitis. -She died on 8/27/24. Review on 12/16/24 of a Level I incident report for DC #3 dated 8/27/24 revealed: -"Death due to complications during surgery for Pancreatic Cancer." Interview on 12/13/24 with the Qualified Professional (QP) revealed: -He did not file a report after DC #3 passed away on 8/27/24.	V 128		

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V 128	Continued From page 8 -He filled out the incident report document for DC #3's death but did not submit it to anyone. -DC #3 passed away at the hospital and he thought they were not required to file a report related to her death. Interview on 12/13/24 with the Residential Manager revealed. -She didn't file a report after DC #3 passed away on 8/27/24. -She thought the QP filed a report for DC #3's death.	V 128		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the	V 367		

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cause of the incident; and
(6) other individuals or authorities notified or responding.
(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).
(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall

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V 367	Continued From page 10 include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure an incident was reported to the Local Management Entity/Managed Care Organization (LME/MCO) for the catchment area where services are provided within 72 hours of becoming aware of a client's death. The findings are: Review on 12/12/24 of DC #3's record revealed: -Admission date of 1/31/22. -Diagnoses of Unspecified Intellectual Disability, Schizophrenia-Paranoid Type, Pancreatic Cancer, Hypertension, Dorsalgia, Vitamin D deficiency, Constipation, Obesity and Chronic Rhinitis.	V 367		

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V 367	Continued From page 11 -She died on 8/27/24. Review on 12/16/24 of a Level I incident report for DC #3 dated 8/27/24 revealed: -"Death due to complications during surgery for Pancreatic Cancer." Review on 12/16/24 of the North Carolina (NC) Incident Response Improvement System (IRIS) revealed: -There was no level II incident report submitted by the facility for DC #3's death on 8/27/24. Interview on 12/13/24 with the Qualified Professional (QP) revealed: -He filled out the incident report document for DC #3's death but did not put it in IRIS. -He was told in the past that the facility was not required to do a report in IRIS if the death did not occur at the facility. -DC #3 passed away at the hospital and he thought they were not required to file a report related to her death. -He confirmed the facility failed to report DC #3's death to the LME/MCO within 72 hours. Interview on 12/13/24 with the Residential Manager revealed. -She didn't know she should have done an incident report in IRIS for DC #3's death on 8/27/24. -She thought the QP did the report in IRIS for DC #3's death. -She confirmed the facility failed to report DC #3's death to the LME/MCO within 72 hours.	V 367		