STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 000	INITIAL COMMENTS An annual and follow up survey was completed 2/19/25. 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 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;	V 113		

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V 113	Continued From page 1 (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure client records were maintained for 3 of 3 audited clients (#3, #5 & #6). The findings are: Review on 2/14/25 of client #3's record revealed: - admission: 10/10/03 - diagnoses: Moderate Mental Retardation, Hypertension, Diabetes, and Speech Impairment - no treatment plan completed Review on 2/14/25 of client #5's record revealed: - admitted: 9/24/2008 - diagnoses: Autism, Mental Retardation, and Seborrheic Dermatitis - no treatment plan completed Review on 2/14/25 of client #6's record revealed:	V 113		

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V 113	Continued From page 2 - admitted: 2/21/20 - diagnoses: Autism, Agitation, Bipolar Disorder, and Severe Intellectual Developmental Disability - no guardian or emergency contact information Interview on 2/14/25 the Qualified Professional (QP) reported: - no one taught her treatment plans when she started as the QP - she followed the format that the previous QP used for treatment plans - only the goals were completed for a treatment plan - she would follow the format that was used by the Local Management Entity/Managed Care Organization (LME/MCO) to complete the treatment plans that included social, family and medical history - she would update client #6's record to include his guardian and emergency contact information This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 113		
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	V 118		

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V 118	Continued From page 3 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 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure medications were administered on the written order of a physician affecting 1 of 3 audited clients (#3). The findings are: Review on 2/14/25 of client #3's record revealed: - admission: 10/10/03 - diagnoses: Moderate Mental Retardation, Hypertension, Diabetes, and Speech Impairment - a doctor's order dated 12/10/24 revealed: - Deep Sea 0.65% Nose Spray, As Needed (PRN) (stuffy nose)	V 118		

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V 118	Continued From page 4 - Mucus Relief DM (dextromethorphan), PRN, (cough) Observation on 2/14/25 at 2:50pm revealed: - Deep Sea Nose Spray and Mucus Relief DM were not in client #3's medication container or in the facility Review on 2/14/25 of client #3's December 2024, January 2025 & February 2025 MARs revealed: - Deep Sea 0.65% Nose Spray, PRN - Mucus Relief DM, PRN Interview on 2/14/25 staff #1 reported: - she was responsible for checking medications into the facility and making sure doctor's orders were current - client #3 was sick and prescribed the nasal spray and mucus DM medication for a "certain amount of time" - she did not have a discontinuation (d/c) of medication order from the doctor - she did not have a doctor's order to show "a certain amount of time" - would call the doctor to see if the medication could be d/c'd or she would get a refill Interview on 2/14/25 staff #2 reported: - he assisted staff #1 with ordering refills and checking for expired medications but staff #1 did the "bulk of that" - he didn't know that the deep sea nose spray and the mucus relief was not in the facility Interview on 2/15/25 the Qualified Professional reported: - visited the facility monthly - she checked MARs to make sure medications were being given correctly - didn't know that the PRN medications for	V 118		

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V 118	Continued From page 5 client #3 were not in the facility - would check with staff #1 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 3 audited clients (#6) had a drug regimen review at least every 6 months. The findings are: Review on 2/14/25 of client #6's record revealed: - admitted: 2/21/20 - diagnoses: Autism, Agitation, Bipolar Disorder, and Severe Intellectual Developmental Disability - last drug regimen was completed 5/4/23	V 121		

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V 121	Continued From page 6 Review on 2/14/25 & 2/17/25 of client #6's FL2's dated 4/5/23 and 10/16/24 revealed: - Haloperidol 5 milligram (mg) tablet (tab) (antipsychotic) - Buspirone HCL (hydrochloride) 15mg tab (anxiety) - Quetiapine Fumarate 300mg tab (psychosis) - Diazepam 5mg tab (anxiety) - Mirtazapine 15mg tab (anxiety) Review of client #6's November 2024 - February 2025 MARs revealed: - Above medications were signed off by staff as being administered Interview on 2/14/25 staff #1 reported: - the pharmacist "comes by to receive the meds (medications) and do a quarterly assessment" - she thought client #6's pharmacy review was completed - "it should be in the record" - she could not locate the updated pharmacy review - she would call the pharmacy Interview on 2/14/25 the Qualified Professional reported: - staff #1 was responsible for the pharmacy reviews - she would check with staff #1 about client #6's updated pharmacy review This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 121		
V 290	27G .5602 Supervised Living - Staff	V 290		

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V 290	Continued From page 7 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 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	V 290		

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V 290	Continued From page 8 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 ensure a client was capable of remaining in the community without supervision affecting 1 of 3 audited clients (#5). The findings are: Review on 2/14/25 of client #5's record revealed: - admitted: 9/24/2008 - diagnoses: Autism, Mental Retardation, and Seborrheic Dermatitis - goal sheet dated April 2024 revealed: - "Currently, [client #5] is not allowed any unsupervised time in the community. [Client #5] is to be supervised by staff." Interview on 2/14/25 client #5 reported: - he took public transportation to and from his day program - there was no staff in the car, "just the driver" Interview on 2/14/25 & 2/17/25 the Qualified Professional (QP) reported: - she was responsible for completing unsupervised time assessments - she never saw him use any unsupervised time although she was told that he had 2 hours - she thought that the unsupervised time for client #5 was in his record - client #5 used public transportation to get to and from the day program	V 290		

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V 290	Continued From page 9 - he started catching public transportation July 1, 2024 when the Local Management Entity/Managed Care Organization changed his care plan - she never heard that a client using public transportation for the day program needed an unsupervised time assessment - she had always been told that he had unsupervised time but never saw a form for it - she should have asked to see the unsupervised time assessment - she had never completed an unsupervised time assessment for client #5 and she "assumed" the previous QP did - she would complete an unsupervised time assessment	V 290		