STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601524	A. BUILDING: _____ B. WING _____	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARY MCCULLOUGH HOME	7618 WOODKNOLL DRIVE CHARLOTTE, NC 28217

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V 000	INITIAL COMMENTS An annual survey was completed on 2/12/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. The facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
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.	V 118		

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V 118	Continued From page 1 (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 reviews and interviews, the facility failed to provide required training in medication administration affecting 1 of 2 audited clients (#1). The findings are: Review on 2/7/25 of Client #1's record revealed: -An admission date of 3/1/22; -Diagnoses included Mild Intellectual Developmental Disability, Major Depressive Disorder, Fetal Alcohol Syndrome, Cerebral Palsy, and Generalized Anxiety Disorder; -An order dated 12/23/24 for Wellbutrin (Depression), take 1 tablet by mouth every morning. Interview on 2/10/25 with Client #1 revealed Staff #1 administered her medication every morning. Review on 2/7/25 of Client #1's MARs for the months of December 2024 - February 2025 revealed Staff #1 had administered Wellbutrin to Client #1 daily since 12/23/24. Review on 2/12/25 of Staff #1's personnel record revealed: -A hire date of 11/1/21; -No documentation that training in medication administration had been completed.	V 118	Provider will receive med admin training on 3/6/25. Training documents can be provided upon completion if necessary.	3/6/2025

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V 118	Continued From page 2 Interview on 2/6/25 with Staff #1 revealed: -She was unable to remember if she had completed medication administration training; -She had completed every training that the Licensee had requested. -Interview on 2/6/25 with the Qualified Professional revealed: -She was aware that Client #1 had been ordered medication; -She thought Staff #1 had completed training in medication administration. Interview on 2/12/25 with the Quality Management Director revealed: -Staff #1 had not been trained in medication administration; -She wasn't aware that Client #1 had been ordered a medication and Staff #1 had administered the medication; -"We do have a new nurse on board. We will get her trained immediately."	V 118		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in	V 536		

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V 536	Continued From page 3	V 536		

which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.
(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.
(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.
(e) Formal refresher training must be completed by each service provider periodically (minimum annually).
(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.
(g) Staff shall demonstrate competence in the following core areas:
(1) knowledge and understanding of the people being served;
(2) recognizing and interpreting human behavior;
(3) recognizing the effect of internal and external stressors that may affect people with disabilities;
(4) strategies for building positive relationships with persons with disabilities;
(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;
(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;
(7) skills in assessing individual risk for escalating behavior;

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V 536	Continued From page 4 (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (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. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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. (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. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner;	V 536		

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V 536	Continued From page 5 (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (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. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) 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. (l) Documentation shall be the same preparation as for trainers.	V 536		

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V 536	Continued From page 6 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 2 staff (Staff #1) received initial and annual competency based training in alternatives to restrictive interventions prior to the provision of services. The findings are: Review on 2/12/25 of Staff #1's record revealed: -A hire date of 11/1/21; -Documentation that training on alternatives to restrictive interventions had been completed on an electronic platform on 12/19/24. Interview on 2/6/25 with Staff #1 revealed: -She had completed training in alternatives to restrictive intervention training online; -She had completed every training that the Licensee had requested. -Interview on 2/6/25 with the Qualified Professional revealed Staff #1 had completed training in alternatives to restrictive interventions electronically and in person. Interview on 2/12/25 with the Quality Management Director revealed: -Staff #1 had completed training in alternatives to restrictive interventions on an electronic platform; -She wasn't aware that the training was required to include measurable testing that included a written test and observation of behavior.	V 536	Provider has received the NCI training, including the in-person component. HR failed to provide this documentation upon request during review. Proof of training will be attached with this POC.	Completed 1/14/25, per doc. provided

Charli Somers, Chief Operations Officer 2/28/2025