

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-126	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER HOUSE OF DESTINY		STREET ADDRESS, CITY, STATE, ZIP CODE 1009 HARRIETT STREET HENDERSON, NC 27536		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 4/3/25. The complaint was substantiated (intake #NC00228361). The complaint was unsubstantiated (intake #NC00228617). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 5 and has a current census of 4. The survey sample consisted of audits of 2 current clients, 1 former clients.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p>	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 105	Continued From page 1 (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement their discharge policy. The findings are:</p> <p>Review on 4/3/25 of the facility's discharge policy revealed:</p> <ul style="list-style-type: none"> - "...within 24 hours of discharge each client...will be given a written individual discharge...the discharge plan will include: - (a) date and circumstances of discharge - (b) name, address, phone number of the legal guardian to whom the student was discharged - (c) services provided and progress in program - (d) recommendation of services - (e) referral recommendations" <p>Review on 4/2/25 of former client (FC#5)'s record revealed:</p> <ul style="list-style-type: none"> - admitted 7/5/24 and discharged October 2024 - diagnosis: Schizophrenia - no documentation of a discharge summary <p>During interview on 4/2/25 & 4/3/25 the License Practical Nurse/Qualified Professional/Licensee reported:</p> <ul style="list-style-type: none"> - FC#5 was discharged October 2024 - had not completed the discharge summary - planned to develop a discharge form and two staff will sign once a client was discharged 	V 105		

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V 112	Continued From page 3	V 112		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement strategies for 1 of 1 former</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>client (FC#5). The findings are:</p> <p>Review on 4/2/25 of FC#5's record revealed:</p> <ul style="list-style-type: none"> - admitted 7/5/24 and discharged October 2024 - diagnosis: Schizophrenia - a treatment plan dated 10/3/24: - "will have improved her mental health/health skills as evidenced by" - "will communicate her concerns directly without becoming or displaying anger toward others for the next 3 months" - "Crisis plan: Early signs that I am not doing well ...I stop talking or get to myself" - "ways that others can help me what I can do th help myself: help me to understand what is going on" - "...list everything you know that has worked to help me become stable: call my dad" <p>Review on 4/2/25 of FC#5's progress notes revealed:</p> <ul style="list-style-type: none"> - between 8/9/24 - 10/9/24, FC#5 had 11 episodes of aggression - the episodes consisted of: physically and verbally attacked staff, one episode of physical and verbal aggression toward a peer, shouting, angry outburst and frustration <p>During interview on 4/2/25 staff #1/Licensee reported:</p> <ul style="list-style-type: none"> - FC#5 had aggressive behaviors - one time she became "irate" and walked a short distance from the facility before the police arrived - she was getting "progressively worse" - when she was verbally or physically aggressive he would coast her to calm down or redirect the behavior - had a generic class on how to deal with 	V 112		

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V 112	Continued From page 5 clients that had aggression - FC#5 had an imaginary pet and he would tell her the pet was "ok" and that would calm her During interview on 4/2/25 the License Practical Nurse/Qualified Professional/Licensee reported: - FC#5's psychosocial rehabilitation (PSR) did not send her FC#5's treatment plan until she requested it today (4/2/25) - had a previous QP that was responsible for the treatment plans, but she left when FC#5 left in October 2024	V 112		
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 6 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure disaster drills were held at least quarterly and on each shift. The findings are: Review on 4/2/25 of the facility's disaster drill log revealed: - no tornado drills documented as completed Interview on 4/2/25 client#1 reported: - tornado drills were not completed but he would get down in the closet in fetal position Interview on 4/2/25 with staff #1/Licensee reported: - tornado drills were not completed - the plan was to have clients to come in staff's office without the windows Interview on 4/2/25 with License Practical Nurse/Qualified Professional/Licensee reported: - staff worked shifts 7am-3pm, 3pm-11pm, & 11pm-7am - tornado drills were not completed - was not aware that tornado drills needed to be completed - will ensure disaster drills were completed	V 114		
V 116	27G .0209 (A) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered	V 116		

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V 116	<p>Continued From page 7</p> <p>pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing.</p> <p>(3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing.</p> <p>(4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were dispensed on the written order of a physician for 1 of 3 audited (#3). The findings are:</p> <p>Review on 4/2/25 of client #3's record revealed:</p>	V 116		

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V 116	<p>Continued From page 8</p> <ul style="list-style-type: none"> - admitted 7/15/24 - diagnoses: Psychosis, Vitamin D deficiency, Chronic Obstructive Pulmonary Disease, Gastroesophageal Reflux Disease - FL2 dated 7/30/2024 for the following medications: <ul style="list-style-type: none"> - Austedo 12mg (milligrams) once a day - Trazadone 25mg every morning (mood) - Trazadone 50mg every afternoon (mood) - Omeprazole 20mg daily (GERD) - Quetiapine ER 150mg daily (antipsychotic) - Spiriva 18mcg (micrograms) daily (COPD) - Vitamin D3 50mg daily - Gabapentin 200mg 3 times daily (pain medication) - Donepezil 5mg at bedtime (dementia) - Mirtazapine 30mg at bedtime (antidepressant) - Magnesium Glucose 500mg at bedtime - Prozac 40mg every morning (antidepressant) - Trazodone 50mg at noon as needed for sundowning <p>Observation on 4/2/25 at 1:03PM revealed:</p> <ul style="list-style-type: none"> - an unlabeled pill bottle with pills of different sizes and colors <p>Interview on 4/2/25 with Staff#1/Licensee reported:</p> <ul style="list-style-type: none"> - it was a mistake to put the pills in the bottle - he put the pills in the bottle in advance for the night meds - another staff came in and administered out of the bubble pack - the pills were in the bottle for 2 to 3 days - was told today by the License Practical Nurse(LPN)/Qualified Professional(QP)/Licensee that he could not do that <p>Interview with LPN/QP/Licensee on 4/2/25</p>	V 116		

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V 116	Continued From page 9 reported: - not sure why the pills were in the bottle - would talk with staff about not moving medications to a different container	V 116		
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 file followed up by appointment or consultation with a physician.	V 118		

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V 118	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to administer medications on a written order of a physician and failed to ensure MARs were kept current for 2 of 3 audited clients (#1, #3). The findings are:</p> <p>I. The following is an example of how physician's orders were not followed:</p> <p>A. Review on 4/2/25 of client#1's record revealed:</p> <ul style="list-style-type: none"> - Admitted 7/1/24 - Diagnoses: Schizophrenia, Language Processing Disorder - FL2 dated 6/25/24 with the following medications: - Aripiprazole 20 milligrams (mg) tablet at bedtime (Schizophrenia) - Aripiprazole 5mg tablet at bedtime - no physician's order for Aripiprazole 10mg daily <p>Observation on 4/2/25 at 1:45PM of client#1's medications revealed:</p> <ul style="list-style-type: none"> - Aripiprazole 10mg "take 1 tablet by mouth daily" <p>Review on 4/2/25 of client#1's February 2025, March 2025, April 2025 MAR revealed:</p> <ul style="list-style-type: none"> - Aripiprazole 20mg and 5mg was documented as discontinued - the Aripiprazole 10mg was documented as administered by staff on the February 2025 and March 2025 MARs - the Aripiprazole 10mg was not documented 	V 118		

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V 118	<p>Continued From page 11</p> <p>as administered by staff on 4/1/25, 4/2/25</p> <p>Interview on 4/2/25 with the Licensed Practical Nurse (LPN)/Qualified Professional (QP)/Licensee reported:</p> <ul style="list-style-type: none"> - the dose for client#1's Aripiprazole was changed prior to admission - she did not have a discontinue order for the Aripiprazole 20mg or the 5mg - no physician's order for the Aripiprazole 10mg <p>B. Review on 4/2/25 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted 7/15/24 - diagnoses: Psychosis, Vitamin D deficiency, Chronic Obstructive Pulmonary Disease, Gastroesophageal Reflux Disease - FL2 dated 7/30/2024 for the following medications: - Austedo 12mg once a day (involuntary movements) - Trazadone 50mg daily (mood) - No physician's order for 1/2 tablet twice a day <p>Observation of client#3's medications revealed:</p> <ul style="list-style-type: none"> - Trazodone 50mg "take 1/2 tablet by mouth daily at 12PM and 3PM" - Austedo was not in the client medication bin <p>Review on 4/2/25 of client#3's MAR revealed:</p> <ul style="list-style-type: none"> - Trazodone 50mg "take 1 tablet everyday for mood" - Staff documented the medication as administered daily <p>Interview on 4/2/25 and 4/3/25 with LPN/QP/Licensee reported:</p> <ul style="list-style-type: none"> - on 4/2/25, the dose for client#3's Trazadone was changed - She did not have access to the doctor's order 	V 118		

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V 118	<p>Continued From page 12</p> <p>for the dose change</p> <ul style="list-style-type: none"> - client#3 had to see her provider again in order to have the Austedo filled - on 4/3/25, she was informed by the pharmacy that client#3's insurance does not cover the Austedo anymore <p>II. The following is an example of how the MAR was not kept current:</p> <p>Review on 4/2/25 of client #3's record revealed:</p> <ul style="list-style-type: none"> - FL2 dated 7/30/2024 for the following medications: - Trazodone 50mg at noon as needed for sundowning - discontinue order for Prozac 40mg every morning for depression effective 2/18/25 <p>Observation on 4/2/25 of client#3's medications revealed:</p> <ul style="list-style-type: none"> - Trazodone 50mg was filled 10/1/24 with 16 pills missing from the medication bubble pack <p>Review on 4/2/25 of client#3's February 2025, March 2025, April 2025 MARs revealed:</p> <ul style="list-style-type: none"> - on February 2025 MAR Prozac was documented as administered by staff from 2/18/25 - 2/28/25 - no documentation on MARs that the Trazodone had been administered since it was filled <p>Interview on 4/2/25 with LPN/QP/Licensee reported:</p> <ul style="list-style-type: none"> - The pharmacy prints their MARs and sends them to the facility - She had to handwrite the medications not on the printed MARs - She did not come to the facility the day before to update the MARs 	V 118		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 13 - client#3 was not given the Trazodone - client#3's Prozac was discontinued on 2/18/25 - did not believe Prozac was administered past discontinued date Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician	V 118		
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	<p>Continued From page 14</p> <p>calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were disposed of in a manner that guarded against diversion or accidental ingestion for 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 4/2/25 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted 7/15/24 - diagnoses: Psychosis, Vitamin D deficiency, Chronic Obstructive Pulmonary Disease, Gastroesophageal Reflux Disease - FL2 dated 7/30/2024 for the following medications: - Prozac 40 milligrams (mg) every morning (antidepressant) - discontinue order for Prozac 40mg every morning for depression effective 2/18/25 <p>Review on 4/2/25 of client#3's MAR revealed:</p> <ul style="list-style-type: none"> - Prozac was documented as administered by staff from 2/18/25 - 2/28/25 <p>Observation on 4/2/25 at 1:46pm of medication pharmacy bags revealed:</p> <ul style="list-style-type: none"> - 2 sealed pharmacy bags <p>Interview on 4/2/25 Licensed Practical Nurse/Qualified Professional/Licensee reported:</p> <ul style="list-style-type: none"> - client#3's Prozac was discontinued on 2/18/25 - did not believe Prozac was administered past 	V 119		

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V 119	Continued From page 15 discontinued date - planned to reach out to the pharmacy to see if the sealed pharmacy bags could be sent back by the post office	V 119		
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 drug regimen reviews were completed for 3 of 3 audited clients (1#, #3 & FC#5). The findings are: Review on 4/2/25 of client#1's record revealed: - Admitted 7/1/24 - Diagnoses: Schizophrenia, Language Processing Disorder - FL2 dated 6/25/24 with the following medications: - Aripiprazole 20 milligrams (mg) tablet at	V 121		

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V 121	<p>Continued From page 16</p> <p>bedtime (schizophrenia)</p> <ul style="list-style-type: none"> - Aripiprazole 5mg tablet at bedtime - no noted drug regimen review <p>Review on 4/2/25 of client#3's record revealed</p> <ul style="list-style-type: none"> - admitted 7/15/24 - diagnoses: Psychosis, Vitamin D deficiency, Chronic Obstructive Pulmonary Disease, Gastroesophageal Reflux Disease - FL2 dated 7/30/2024 for the following medications: - Austedo 12mg once a day - Trazadone 25mg every morning (mood) - Trazadone 50mg every afternoon (mood) - Quetiapine ER 150mg daily (antipsychotic) - Donepezil 5mg at bedtime (dementia) - Mirtazapine 30mg at bedtime (antidepressant) - Prozac 40mg every morning (antidepressant) - Trazodone 50mg at noon as needed for sundowning - no noted drug regimen review <p>Review on 4/2/25 of FC#5's record revealed:</p> <ul style="list-style-type: none"> - admitted 7/5/24 - discharged: October 2024 - FL2 dated 7/30/24 for the following medications: - Bupropion 150mg daily - Escitalipram 5mg daily - Trazadone 50mg daily at bedtime - Vistaril 25mg daily at bedtime - Namenda 10mg 2 times daily (dementia) - Donepezil 10mg daily - Depakote 250mg daily at bedtime - Mirtazapine 15mg daily at bedtime - no noted drug regimen review <p>Interview on 4/2/25 Licensed Practical Nurse/Qualified Professional/Licensee reported:</p>	V 121		

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V 121	Continued From page 17 - tried to reach out to the pharmacy representative several times - never received a response - planned to reach out to pharmacy again - planned to contact the pharmacy supervisor if no response	V 121		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.	V 291		

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V 291	<p>Continued From page 18</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain services with other Qualified Professionals (QP) who are responsible for the treatment/habitation for 1 of 1 former client (FC#5). The findings are:</p> <p>Review on 4/2/25 of FC#5's record revealed:</p> <ul style="list-style-type: none"> - admitted 7/5/24 and discharged October 2024 - diagnosis: Schizophrenia <p>Review on 4/2/25 of a cashier's check receipt dated 1/3/25 revealed:</p> <ul style="list-style-type: none"> - it was made out to the government assistance program that provided FC#5's monetary benefits in the amount of \$1151 <p>During interview on 4/3/25 a representative with the government assistance program reported:</p> <ul style="list-style-type: none"> - FC#5 had a new payee as of 3/1/25 - prior facility was the payee from July 2024 - March 1, 2025 - the government assistance program deposited a check in the amount of \$1151 for the months of January 2025, February 2025 and 2 checks in March 2025 - the prior facility returned one check in the amount of \$1151 - if FC#5 was discharged from the facility, the prior facility needed to notify the government assistance program - the government assistance program sent the prior facility a letter the middle of March 2025 regarding the new payee 	V 291		

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V 291	Continued From page 19 During interview on 4/3/25 the License Practical Nurse/Qualified Professional/Licensee reported: - was not aware a deposit was made into the account for the month of February 2025 - she returned one check and then the government assistance program deposited 2 checks into her account March 2025 - staff #1/Licensee will pay the remainder of the balance today (4/3/25)	V 291		
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 cause of the incident; and (6) other individuals or authorities notified or responding.	V 367		

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V 367	Continued From page 20 (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 include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident;	V 367		

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V 367	<p>Continued From page 21</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level II incident report was submitted to the Local Management Entity/Managed Care (LME/MCO) Organization within 72 hours. The findings are:</p> <p>Review on 4/2/25 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - no level II incident reports <p>During interview on 4/2/25 the License Practical Nurse/Qualified Professional/Licensee reported:</p> <ul style="list-style-type: none"> - former client #5 left the facility and had a behavior - the police was contacted and she was involuntary committed - was not familiar with the IRIS - planned to reach out to the LME/MCO 	V 367		

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V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain water temperatures between 100 - 116 degrees Fahrenheit. The findings are:</p> <p>Observation on 4/2/25 of the facilities water temperatures revealed:</p> <ul style="list-style-type: none"> - the kitchen's sink water temperature was 129 degrees Fahrenheit - the bathroom's sink water temperature was 129 degrees Fahrenheit - the bathroom's shower water temperature was 125 degrees Fahrenheit <p>Interview on 4/2/25 staff#1/Licensee reported:</p> <ul style="list-style-type: none"> - checked the water temperature 2 weeks ago and it was 115 degrees Fahrenheit - staff did not document water temperatures - planned to turn the water temperature down <p>Interview on 4/3/25 Licensed Practical Nurse/Qualified Professional/Licensee reported:</p> <ul style="list-style-type: none"> - planned to have the water temperatures tested by staff once per week 	V 752		