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	MHL033-136	A. BUILDING: _____ B. WING _____	R 04/17/2025

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DOROTHY'S PLACE	1700 ROSEWOOD AVENUE ROCKY MOUNT, NC 27801

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 4/17/25. The complaint was unsubstantiated (Intake #NC00228846). 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 3. The survey sample consisted of audits of 3 current clients.	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	V 114		

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to ensure fire and disaster drills were completed at least quarterly & repeated for each shift. The findings are:

Review on 4/15/25 of the April 2024 through March 2025 fire and disaster drills revealed:
- Fire drills completed 12/15/24 at 5PM and 2/7/25 at 5PM
- Disaster drills were done monthly only on 2nd shift 3PM - 11PM
- No documentation of any other fire or disaster drills being completed

Interview on 4/16/25 client#1 reported:
- Was unsure how long he'd been at the facility
- He did a fire drill one time
- They talked about about tornados drills but didn't do them
- Knew he had to get down but did not know where to go for a tornado

Interview on 4/16/25 client#2 reported:
- Had been living at the facility for about a year
- They went over fire and disaster drills at the facility
- They talked about where they would meet at and what happeed in case of a fire
- They didn't actually go out to the street and do it
- Last year they talked about a hurricane drill, they didn't actually do it
- He knew to go across the street by the stop sign in case of a fire

Interview on 4/16/25 client#3 reported:
- Had been living at the facility since last year

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V 114	Continued From page 2	V 114		

- He had not done any fire or disaster drills
- He had not practiced where to go in case of a fire
- He knew where to go in case of a fire because an old staff told him where to go
- They talked to him about tornados
- He knew what to do in case of a tornado

Interview on 4/16/25 staff#1 reported:
- Been employed at facility almost 2.5 years
- Worked 3PM-11PM and weekends
- Didn't remember when the last fire or disaster drill was completed

Interview on 4/16/25 staff#2 reported:
- Been employed at the facility about a year and 2 or 3 months
- Primary shift - 11PM - 9AM and Sundays 7PM - 9AM Monday morning
- Had never done any fire or disaster drills on her shift

Interview on 4/15/25 the House Manager (HM) reported:
- Worked at the facility for almost 2 years
- They did fire and disaster drills once a month
- They didn't do fire drills on 3rd shift, 1st shift or the weekends
- They did fire and disaster drills on 2nd shift when all of the clients were at home
- The Qualified Professional (QP) was responsible for checking over the fire and disaster drills
- She and the previous QP did the fire and disaster drills together so one staff witnessed it and the QP would type them up
- The previous QP would have had the fire and disaster drills

Interview on 4/15/25 the QP reported:

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V 114	Continued From page 3 - Worked at the facility for 3 weeks - Did not have any of the previous fire and disaster drills from the previous QP - There were 3 different shifts: 11p - 9am (3rd & 1st shift), 3p - 11p (2nd shift) and the weekends - She had not checked over the fire and disaster drills since she had been there - She had asked the HM if the fire and disaster drills were being completed and the HM said yes - She needed to make a schedule for the fire and disaster drills on each shift	V 114		
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 3 of 3 clients (#1, #2, #3) had a drug regimen review at least every six months performed by a pharmacist or physician. The findings are:	V 121		

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V 121	Continued From page 4 Review on 4/15/25 client #1's record revealed: - Admitted: 5/1/18 - Diagnoses: Intellectual/Developmental Disability (IDD) severe, Autism Spectrum Disorder, Schizophrenia, Auto Immune Hepatitis - FL2 dated 4/7/25 revealed: - Aripiprazole 20 milligram (mg), 1 tablet (tab) at night (psychosis) - Atomoxetine Hydrochloride (HCL) 80mg, 1 capsule (cap) daily (attention) - Buspirone HCL 5mg, 1 tab twice daily (anxiety) - No documentation of a drug regimen review Review on 4/15/25 of client #1's October 2024 - April 2025 MARs revealed: - client had been on Aripiprazole, Atomoxetine HCL, and Buspirone for at least 6 months Review on 4/15/25 client #2's record revealed: - Admitted: 11/15/23 - Diagnoses: Type 2 Diabetes w/hyperglycemia, Hypertension, Bipolar disorder, Hypothyroidism, Autistic Disorder, Major Depressive Disorder, recurrent severe without psychotic features, Oppositional defiant disorder, PTSD/acute, Mild IDD, Insomnia, and Persistent Mood (affective) disorder, unspecified - FL2 dated 4/7/25 revealed: - Sertraline HCL 50mg, 1 and 1/2 tabs (75mg) daily (mood) - Divalproex Sodium (SOD) Extended Release 500mg, 2 tabs twice daily (mood) - Haloperidol 5mg, 1 tab twice daily (mood) - No documentation of a drug regimen review Review on 4/15/25 of client #2's October 2024 - April 2025 MARs revealed: - client had been on Sertraline HCL, Divalproex	V 121		

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V 121	Continued From page 5 SOD, Haloperidol for at least 6 months Review on 4/15/25 client #3's record revealed: - Admitted: 9/23/24 - Diagnoses: Impulse Control Disorder; Attention Deficit Hyperactivity Disorder (ADHD); Hyperlipidemia; Vitamin D Deficiency, IDD, Schizoaffective Disorder; General Anxiety Disorder; Tobacco Dependency - FL2 dated 10/7/24 revealed: - Buspirone HCL 15mg, 1 tab twice daily (anxiety) - Citalopram 20mg, 1 tab twice daily (depression) - Rexulti 2mg, 1 tab at bedtime (depression) - No documentation of a drug regimen review Review on 4/15/25 of client #3's October 2024 - April 2025 MARs revealed: - client had been on Buspirone, Citalopram, and Rexulti for at least 6 months Interview on 4/15/25 House Manager reported: - They did not have pharmacy reviews every 6 months - They had a nurse that came out monthly to check medications - They did have clients on psychotropic medications Interview on 4/15/25 Qualified Professional reported: - Had been employed at the facility for 3 weeks - Was not sure if she was responsible for scheduling pharmacy reviews	V 121		
V 513	27E .0101 Client Rights - Least Restrictive Alternative	V 513		

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V 513	Continued From page 6 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the least restrictive and most appropriate settings and methods were used. The findings are: Observation on 4/15/25 at approximately 1:00pm revealed: - Kitchen pantry door closed and locked - Qualified Professional (QP) unlocked and opened the pantry door with a key	V 513		

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V 513	Continued From page 7 - Pantry door was closed and relocked by QP Interview on 4/16/25 Client#1 reported: - Was unsure how long he'd been at the facility - He could not go into the pantry to get a snack - The pantry door stayed locked - The staff had the key to the pantry - He could get a snack from the pantry after staff unlocked it Interview on 4/16/25 Client#2 reported: - Had been living at the facility for about a year - The pantry was locked all the time - The pantry stayed locked because he stole food and ate it in his room - The pantry was locked when he was admitted to the facility - Heard the pantry was locked because other clients stole food - He had to ask for a snack and the staff would unlock the pantry and let him choose a snack Interview on 4/16/25 Client#3 reported: - Had been living at the facility since last year - The pantry was locked all the times because they had a client that stole food - The clients had to ask for a snack - The staff opened the pantry with a key and the clients could get a snack - Sometimes he chose the snack and sometimes staff chose the snack Interview on 4/16/25 staff#1 reported: - Been employed at facility almost 2.5 years - Had never seen the pantry locked - The pantry was unlocked when clients were home - They had a diabetic that they needed to do food control for - The pantry was locked when no one was	V 513		

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V 513	Continued From page 8	V 513		

home because when they first came in, the clients couldn't just get a snack and it gave the staff time to get everyone settled and then the pantry was unlocked
- The clients could go in the pantry and get a snack and didn't have to ask for it

Interview on 4/16/25 staff#2 reported:
- Been employed at the facility about a year and 2 or 3 months
- Locked the pantry door when she left the house in the mornings because no one was there
- Second shift staff unlocked the door and it stayed unlocked until she locked it in the morning
- Not sure why it needed to be locked when no one was there, just that she was told to lock it

Interview on 4/15/25 the House Manager (HM) reported:
- Worked at the facility for almost 2 years
- She was not aware that the pantry was locked
- The pantry was not supposed to be locked because "this is their house"
- "We not supposed to have a lock"

Interview on 4/15/25 QP reported:
- Worked at the facility for 3 weeks
- The lock on the pantry was like that since she started
- Pantry was not always locked
- She did not usually go into the kitchen to know when it was locked and unlocked
- She used the HM's keys to unlock the pantry because she no longer had a key
- The keys stayed in a locked box in the facility
- Client#2 was diabetic and liked to eat things he shouldn't or could "overindulge"