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 on April 25, 2025. 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 5 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.	V 108		

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V 108	Continued From page 1 (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 3 audited staff (#1, #2) received training to meet the MH/DD/SA needs of the clients and infectious disease and bloodborne pathogens. The findings are: Review on 4/23/25 of client #5's record revealed: -Admitted 9/23/24. -Diagnoses of Intellectual Disability Moderate, Attention Deficit Hyperactivity Disorder, Unspecified Depressive Disorder, Unspecified Anxiety Disorder and Diabetes. Review on 4/24/25 of staff #1's personnel record revealed: -Hire date 3/5/24. -Rehire date 1/13/25. -No documentation of a training in infectious disease and bloodborne pathogens, diabetic training or client specific training. Interview on 4/23/25 staff #1 stated: -She had not received any diabetic training. Review on 4/24/25 of staff #2's personnel record revealed: -Hire date 1/18/24. -No documentation of a training in infectious	V 108		

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V 108	Continued From page 2 disease and bloodborne pathogens, diabetic training or client specific training. Interview on 4/23/25 staff #2 stated: -She had not received any diabetic training. Interview on 4/24/25 the Qualified Professional stated: -Staff were not trained in bloodborne pathogens. -The facility had diabetic training from a local provider. -The facility held a meeting the first Monday of every month to address client needs/client specific training. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of	V 112		

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V 112	Continued From page 3 outcome achievement; and (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. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to obtain a written consent by a guardian for 1 of 3 audited clients (#1) and failed to ensure treatment plans were developed annually of 1 of 3 audited clients (#3). The findings are: Finding #1 Review on 4/23/25 of client #1's record revealed: -Admitted 7/5/94. -Diagnosis of Severe Intellectual Developmental Disability. -Treatment plan dated 10/5/24 was not signed by the legal guardian. Attempted interview on 4/24/25 was unsuccessful due to client #1's diagnosis. Finding #2 Review on 4/23/25 of client #3's record revealed: -Admitted 10/18/12. -Diagnoses of Intellectual Developmental Disability Mild, Unspecified Anxiety Disorder and Unspecified Attention Deficit Hyperactivity Disorder.	V 112		

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V 112	Continued From page 4 -Treatment plan dated 11/1/23 with a target date of 11/1/24. -Undated treatment plan with plan meeting date of 4/2/25 did not include any goals, strategies or staff responsible. Interview on 4/24/25 client #3 stated: -She had a treatment team meeting about a month ago. -Her goals were independent living and community hours. -She had 10 hours a week of unsupervised time. Interview on 4/24/25 the Qualified Professional stated: -Client #1's legal guardian was her brother. -There was not a treatment team meeting or a current treatment plan signed by client #1's legal guardian. -Client #3 just had a treatment team meeting. -The Director was working on client #3's treatment plan. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
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 5 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 reviews and interviews the facility failed to administer medications on the written order of a physician and failed to keep the MARs current for 2 of 3 audited clients (#3, #5). The findings are: Finding #1 Review on 4/23/25 of client #3's record revealed: -Admitted 10/18/12. -Diagnoses of Intellectual Developmental Disability Mild, Unspecified Anxiety Disorder and Unspecified Attention Deficit Hyperactivity Disorder.	V 118		

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V 118	Continued From page 6 -No physician order for Ear Wax Remover Kit 0.5 ounces (oz) twice daily for 4 days repeat monthly. Review on 4/23/25 and 4/24/25 of client #3's signed physician orders dated 3/30/25 revealed: -Fluticasone Prop 50 microgram (mcg) 2 puffs daily. Review on 4/23/25 of client #3's MARs from 2/1/25 - 4/23/25 revealed: -Ear Wax Remover Kit 0.5 ounces was not administered as ordered and given the first 5 days in February, 2/13/25, 2/14/25, first 5 days in March and first 6 days in April. Observation on 4/23/25 at approximately 1:15 pm of client #3's medications revealed: -Fluticasone Prop 50 mcg was not available onsite. -Ear Wax Remover Kit 0.5 oz was available onsite for administration. Finding #2 Review on 4/23/25 of client #5's record revealed: -Admitted 9/23/24. -Diagnoses of Intellectual Disability Moderate, Attention Deficit Hyperactivity Disorder, Unspecified Depressive Disorder, Unspecified Anxiety Disorder and Diabetes. Review on 4/23/25 of client #5's signed physician order dated 1/31/25 revealed: -Latanoprost 0.005% Eye Drops daily in the evening. Review on 4/23/25 of client #5's MARs from 2/1/25 - 4/23/25 revealed: -Latanoprost 0.005% Eye Drops was administered daily from 2/1/25 - 4/23/25.	V 118		

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V 118	Continued From page 7 Observation on 4/23/25 at approximately 1:10pm of client #5's medications revealed: -Latanoprost 0.005% Eye Drops was not available onsite for review. Interview on 4/23/25 staff #1 stated: -Client #3's Fluticasone Prop 50 mcg was last administered 4/23/25. -She contacted the pharmacy for client #3's Fluticasone Prop 50 mcg. -Client #5's provider wanted to see her before refilling her Latanoprost 0.005% Eye Drop. Interview on 4/24/25 the Qualified Professional (QP) stated: -She started as QP on 4/21/25. -She believed the clients' received their medications as ordered.	V 118		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently	V 120		

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V 120	Continued From page 8 registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure all medications were kept in a locked compartment or container for 1 of 3 clients audited (#5). The findings are: Review on 4/23/25 of client #5's record revealed: -Admitted 9/23/24. -Diagnoses of Intellectual Disability Moderate, Attention Deficit Hyperactivity Disorder, Unspecified Depressive Disorder and Unspecified Anxiety Disorder. -Physician order dated 9/19/24 Novolog 10 milliliter (ml) vial for insulin pump therapy. -Physician order dated 4/15/25 Trulicity 0.75 milligram (mg) weekly Observation on 4/23/25 at approximately 10:07am - 10:25am a tour of the facility revealed: -The refrigerator in the pantry contained 5 boxes of client #5's Novolog 10 milliliter vials and client #5's Trulicity. Interview on 4/24/25 client #5 stated: -Her Novolog medication had to be kept cold. -The medication was kept in the refrigerator in the pantry. Interview on 4/23/25 staff #1 stated: -Client #5's Novolog and Trulicity was kept in the refrigerator in the pantry.	V 120		

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V 120	Continued From page 9 Interview on 4/23/25 staff #2 stated: -Client #5's medication were always in the refrigerator. -There was no lock box for the refrigerator. Interview on 4/24/25 the Qualified Professional stated: -All medications should be locked and secured. -The facility had purchased medication lock boxes.	V 120		
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 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.	V 536		

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V 536	Continued From page 10 (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; (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);	V 536		

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(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;
(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

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V 536	Continued From page 12 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure annual training in alternatives to restrictive interventions for two of three audited staff (staff #1, Qualified Professional (QP)). The findings are: Review on 4/24/25 of staff #1's personnel record	V 536		

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V 536	Continued From page 13 revealed: -Hire date 3/5/24. -Rehire date 1/13/25. -No documentation of annual training in alternatives to restrictive interventions. Interview on 4/23/25 staff #1 stated: -She had not participated in an annual NCI training. Review on 4/24/25 of the Qualified Professional's personnel record revealed: -Hire date 2/14/22. -No documentation of annual training in alternatives to restrictive interventions. Interview on 4/24/25 the QP stated: -Staff #1 had not completed the annual training in restrictive interventions. -She was trained but had to request the certificate from the trainer. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 536		