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| V 000 | INITIAL COMMENTS<br><br>An annual, complaint and follow up survey was completed on 5/9/25. The complaint was substantiated (Intake #NC00228789). Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.<br><br>This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 4 current clients. | V 000 | | |
| V 108 | 27G .0202 (F-I) Personnel Requirements<br><br>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS<br>(f) Continuing education shall be documented.<br>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:<br>(1) general organizational orientation;<br>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;<br>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and<br>(4) training in infectious diseases and bloodborne pathogens.<br>(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, | V 108 | | |

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| V 108 | Continued From page 1<br>the American Heart Association or their equivalence for relieving airway obstruction.<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to provide training to meet the MH/DD/SAS needs of the clients affecting 2 of 2 audit Staff (#1 and #2), 1 of 1 House Manager/Qualified Professional (QP) and 2 of 2 Former Staff (FS) (#3 and #4). The findings are:<br><br>Review on 4/30/25 of Staff #1's personnel record revealed:<br>- Hire date 10/24/24;<br>- No documentation of MH/DD/SA training.<br><br>Review on 4/30/25 Staff #2's personnel record revealed:<br>- Hire date 3/10/25;<br>- No documentation of MH/DD/SA training.<br><br>Review on 4/30/25 of Former Staff #3's personnel record revealed:<br>- Hire date 1/27/25;<br>- No documentation of MH/DD/SA training.<br><br>Review on 4/30/25 of Former Staff #4's personnel record revealed:<br>- Hire date 2/12/25;<br>- No documentation of MH/DD/SA training. | V 108 | | |

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| V 108 | Continued From page 2<br><br>Review on 4/30/25 of the House Manager/Qualified Professional's personnel record revealed:<br>- Hire date 1/6/25;<br>- No documentation of MH/DD/SA training.<br><br>Interview on 5/1/25 with Staff #1 revealed:<br>- "I am up to date on all of my trainings."<br><br>Interview on 5/8/25 with Staff #2 revealed:<br>- "I think I'm up to date on all of my trainings."<br><br>Interview on 5/9/25 with the House Manager/QP revealed:<br>- Had not received training in MH/DD/SA since working at the facility.<br><br>Interview on 5/1/25 and 5/9/25 with the Qualified Professional revealed:<br>- There were no training certificates in the staff's personnel records;<br>- Planned to have a staff meeting with the next two weeks to train all of the staff in client specific training;<br>- All new employee would be trained within their first week of employment. | V 108 | | |
| V 112 | 27G .0205 (C-D)<br>Assessment/Treatment/Habilitation Plan<br><br>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN<br>(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. | V 112 | | |

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| V 112 | Continued From page 3<br>(d) The plan shall include:<br>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;<br>(2) strategies;<br>(3) staff responsible;<br>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;<br>(5) basis for evaluation or assessment of outcome achievement; and<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure treatment plans had consent by responsible party for 2 of 4 audit clients (#1, #4). The findings are:<br><br>Review on 5/2/25 of Client #1's record revealed:<br>- Admission date 5/22/19;<br>- Diagnoses Mild Intellectual Disability, Major Depressive Disorder, Generalized Anxiety Disorder, Cerebral Palsy;<br>- Person Centered Plan (PCP) dated 5/1/25 was not signed by the Legal Guardian.<br><br>Review on 5/7/25 of Client #4's record revealed: | V 112 | | |

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| V 112 | Continued From page 4<br>- Admission date 5/29/24;<br>- Diagnoses Intellectual Disability, moderate; Cerebral Palsy; Epilepsy;<br>- PCP dated 8/1/24 was not signed by the Legal Guardian.<br><br>Interview on 5/7/25 with the Legal Guardian of Client #1 revealed:<br>- Had not received Client #1's goals from Licensee to sign off on.<br><br>Interview on 5/7/25 and 5/9/25 with the House Manager/Qualified Professional revealed;<br>- Client #1's goals were completed by another Qualified Professional;<br>- Care coordinator was responsible of getting the signatures for the PCP;<br>- Was not aware of her responsibility to have the Legal Guardian sign the short term goals developed by the Licensee;<br>- Was not aware Client #4's PCP was not signed by Legal Guardian due to the treatment plan being developed prior to being employed by Licensee;<br>- Planned to have treatment plans signed at the end of treatment team meeting.<br><br>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 112 | | |
| V 114 | 27G .0207 Emergency Plans and Supplies<br><br>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES<br>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available<br>to the county emergency services agencies upon request. The plans shall include evacuation | V 114 | | |

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| V 114 | Continued From page 5<br>procedures and routes.<br>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.<br>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift.<br>Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.<br>(d) Each facility shall have a first aid kit accessible for use.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interviews, the facility failed to have completed fire and disaster drills held at least quarterly and repeated on each shift. The findings are:<br><br>Review on 4/29/25 of the facility's fire and disaster drill log from March 2024-April 2025 revealed:<br><br>1st quarter (January-March 2025):<br>- No 1st (8am-8pm) and 2nd (8pm-8am) shift fire or disaster drills.<br><br>2nd quarter (April-June 2024):<br>- No 1st (8am-8pm) and 2nd (8pm-8am) shift fire or disaster drills.<br><br>3rd quarter (July-September 2024):<br>- No 1st shift fire drills and no 2nd shift disaster drills. | V 114 | | |

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| V 114 | Continued From page 6<br><br>4th quarter (October-December 2024):<br>- No 2nd shift fire drills and no 1st and 2nd shift disaster drills.<br><br>Interview on 5/1/25 with Client #1 revealed:<br>- Had not completed fire and disaster drills in the facility;<br>- "Staff refuses to do them, staff say 'oh we don't need them"' ;<br>- "Staff is too lazy to do fire drills";<br>- "We haven't done them in a year."<br><br>Interview on 5/1/25 with Client #2 revealed:<br>- Denied completing fire and disaster drills;<br><br>Interview on 5/1/25 with Client #4 revealed:<br>- Denied completing fire and disaster drills in the facility since being admitted in May 2024;<br>- Knew what to do if there was a fire;<br>- Would need assistance if there was a fire in the home.<br><br>Interview on 5/1/25 with Client #5 revealed:<br>- Denied completing fire and disaster drills;<br>- "Try to get out of the house and go all the way down the driveway;"<br>- Would need assistance from staff to "get down the driveway."<br><br>Interview on 5/1/25 with Staff #1 revealed:<br>- Completed fire and drills;<br>- "They are probably not up to date but yes we complete them;"<br>- Completed a fire drill 2 months ago.<br><br>Interview on 5/8/25 with Staff #2 revealed:<br>- Denied completing fire and disaster drills.<br><br>Interview on 5/9/25 with the | V 114 | | |

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| V 114 | Continued From page 7<br><br>House/Manager/Qualified Professional revealed:<br>- All staff were responsible for making sure fire and disaster drills were completed;<br>- Fire and Disaster drills were completed on the 16th of each month<br>- Quality Management planned to come to the facility to train staff on completing fire and disaster drills.<br><br>Interview on 4/29/25 with the Qualified Professional revealed:<br>- Facility had been without a House Manager for several months until January 2025;<br>- Fire and disaster drills had not been completed. | V 114 | | |
| V 118 | 27G .0209 (C) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(c) Medication administration:<br>(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.<br>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.<br>(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.<br>(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:<br>(A) client's name;<br>(B) name, strength, and quantity of the drug; | V 118 | | |

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| V 118 | Continued From page 8<br>(C) instructions for administering the drug;<br>(D) date and time the drug is administered; and<br>(E) name or initials of person administering the drug.<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on observations, record reviews, and interviews, the facility failed to ensure medications were administered on the written order of a physician and failed to keep the MAR current 2 of 3 audit clients (#1, #2). The findings are:<br><br>Finding #1<br>Review on 5/2/25 of Client #1's record revealed:<br>- Admission date 8/5/11;<br>- Diagnoses Major Depression, recurrent; Generalized Anxiety Disorder; Intermittent Explosive Disorder; Attention Deficit Hyperactivity Disorder; Pervasive Disorder; Mild Mental Retardation; Cerebral Palsy; Obesity;<br>- Physician Order dated 10/23/24 Azelastine (allergies) 137 mcg(Micrograms) Spray, place 1 spray into each nostril twice daily; Budesonide (allergies) 0.5 mg (milligrams) /2ml (milliliters), use 1 val in nebulizer twice daily; Bupropion (depression) XL 150mg, take 1 tablet by mouth every morning for intellectual disabilities; Hydroxyzine Pam (anxiety) 25 mg, take 1 capsule by mouth every evening for intellectual disabilities | V 118 | | |

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| V 118 | Continued From page 9<br>; Loratadine (allergies) 10mg tablet, take 1 tablet by mouth everyday; Multivitamin, take 1 tablet by mouth every day; Prazosin (hypertension) 2mg, take 1 capsule by mouth at bedtime; Trazodone (depression) 50 mg, take 1 tablet by mouth at bedtime for intellectual disabilities; Venlafaxine (depression) ER 150mg, take 1 capsule by mouth every day with food for other intellectual disabilities; Ziprasidone (antipsychotic) 60 mg, take 1 capsule by mouth twice daily with food; Adapalene (acne) 0.3% Apply to affected area at bedtime alternating with DUAC; Clind-PH Benzoyl Perox (acne)1.2-5%, Apply to affect area at bedtime alternating Differin; Kelnor (birth control) 1-35 28 tablet, take 1 tablet by mouth every day;<br>- 2/1/25 Fluvoxamine 100 mg, take 1 tablet by mouth every evening for anxiety;<br>- 12/18/24 Methimazole 5mg, take 1 tablet by mouth every day;<br>- 1/7/25 Montelukast 10mg tablet, take 1 tablet by mouth at bedtime;<br>- 2/3/25 Metoprolol ER 25mg, take ½ tablet by mouth everyday fir sinuses.<br><br>Review on 4/30/25 of Client #1's MARs from February 1, 2025-April 29 2025 revealed:<br>- There were no staff initials for administration for the following dates:<br>February 2025<br>Azelastine 137 MCG Spray on 2/7/25 at 8pm, 2/8/25 at 8pm, 2/9/25 at 8pm, 2/13/25 at 8pm, 2/21/25 at 8am and 8pm, 2/22/25 at 8am;<br>Budesonide 0.5 mg/2ml on 2/7/25 at 8pm, 2/8/25 at 8pm, 2/9/25 at 8pm, 2/13/25 at 8pm, 2/21/25 at 8am and 8pm, 2/22/25 at 8am;<br>Bupropion XL 150mg on 2/21/22 at 8am, 2/22/25 at 8am<br>Hydroxyzine Pam 25 mg on 2/7/25 at 8pm, 2/8/25 at 8pm, 2/9/25 at 8pm, 2/13/25 at 8pm 2/21/25 at 8pm, | V 118 | | |

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| V 118 | Continued From page 10<br>Loratadine 10mg on 2/21/25 at 7am, 2/22/25 at 7am<br>Multivitamin on 2/21/25 at 7am, 2/22/25 at 7am<br>Prazosin 2mg 2/7/25 at 8pm, 2/8/25 at 8pm, 2/9/25 at 8pm, 2/13/25 at 8pm, 2/21/25 at 8pm, 2/22/25 at 8pm<br>Trazodone 50 mg 2/7/25 at 8pm, 2/8/25 at 8pm, 2/9/25 at 8pm, 2/13/25 at 8pm, 2/21/25 at 8pm;<br>Ziprasidone 60 mg on 2/7/25 at 5pm, 2/8/25 at 5pm, 2/9/25 at 5pm, 2/13/25 at 5pm, 2/17/25 at 5pm, 2/18/25 at 5pm, 2/21/25 at 8am, 2/22/25 at 8am and 5pm;<br>Adapalene 0.3% on 2/22/25 at 8am;<br>Clind-PH Benzoyl Perox 1.2-5%, on 8/21/25 at 8am;<br>Kelnor 1-35 28 tablet on 2/7/25 at 7am, 2/21/25 at 7am 7/22/25 at 7am;<br>Fluvoxamine 100 mg on 2/7/25 at 8pm, 2/8/25 at 8pm, 2/9/25 at 8pm, 2/13/25 at 8pm; 2/21/25 at 8pm, 2/22/25 at 8pm;<br>Methimazole 5mg on 2/21/25 at 8am, 2/22/25 at 8am;<br>Metoprolol ER 25mg on 2/21/25 at 8am, 2/22/25 at 8am;<br>Montelukast 10mg tablet on 2/7/25 at 8pm, 2/8/25 at 8pm, 2/9/25 at 8pm, 2/13/25 at 8pm, 2/21/25 at 8pm, 2/22/25 at 8pm;<br><br>March 2025<br>Azelastine 137 MCG Spray on 3/1/25 at 8am, 3/28/25 at 8pm, 3/29/25 at 8am and 8pm<br>Budesonide 0.5 mg/2ml on 3/1/25 at 8am, 3/28/25 at 8pm, 3/29/25 at 8am and 8pm<br>Bupropion XL 150mg on 3/1/25 at 8am, 3/19/25 at 8am, 3/29/25 at 8am<br>Hydroxyzine Pam 25 mg on 3/28/25 at 8pm, 3/29/25 at 8pm<br>Loratadine 10mg on 3/1/25 at 7am, 3/29/25 at 7am<br>Multivitamin on 3/1/25 at 7am, 3/29/25 at 7am | V 118 | | |

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| V 118 | Continued From page 11<br>Prazosin 2mg on 3/28/25 at 8pm, 3/29/25 at 8pm<br>Trazodone 50 mg on 3/28/25 at 8pm, 3/29/25 at 8pm<br>Ziprasidone 60 mg on 3/1/25 at 8am, 3/12/25 at 5pm, 3/29/25 at 8am and 5pm<br>Adapalene 0.3% on 3/18/25 at 8am<br>Clind-PH Benzoyl Perox 1.2-5%, on 3/29/25 at 8am<br>Kelnor 1-35 28 tablet on 3/1/25 at 7am, 3/29/25 at 7am<br>Fluvoxamine 100 mg on 3/28/25 at 8pm, 3/29/25 at 8pm<br>Methimazole 5mg on 3/1/25 at 8am, 3/29/25 at 8am<br>Metoprolol ER 25mg on 3/1/25 at 8am, 3/29/25 at 8am<br>Montelukast 10mg tablet on 3/28/25 at 8pm, 3/29/25 at 8pm.<br><br>Observations on 4/30/25 at approximately 12:10 pm of Client #1's medication container revealed:<br>- All medications listed above were present.<br><br>Finding #2<br>Review on 5/2/25 of Client #2's record revealed:<br>- Admission date 5/2/24;<br>- Diagnoses Attention Deficit Hyperactivity Disorder; Unspecified Depressive Disorder; Mild Intellectual Disability; Spastic Quadriplegic; Cerebral Palsy; Heredity Hemorrhagic Telangiectasia;<br>- Physician's Order dated 4/22/24 Saline Nasal Spray (sinuses), place 2 sprays into each nostril every day;<br>- 6/3/24 Sertraline (depression) 100mg, take 2 tablets by mouth every day;<br>- 7/1/24 Carb/Levo (cerebral palsy) 25mg/100mg, take 1 tablet by mouth every morning; Oxybutynin ER (overactive bladder) 10mg, take 1 tablet by mouth every morning; | V 118 | | |

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| V 118 | Continued From page 12<br>- 10/18/24 Clindamycin (acne) 1% solution, apply to affected area twice daily;<br>- 11/26/24 Baclofen (muscle relaxant) 10mg, take 1 tablet by mouth three ties daily for cerebral palsy;<br>- 4/28/25 Fiber-Lax (constipation) 625mg, take 1 tablet by mouth every day; Multivitamin, take 1 tablet by mouth every day.<br><br>Review on 4/30/25 of Client #2's MARs from February 1, 2025-April 29 2025 revealed:<br>- There were no staff initials for administration for the following dates:<br>March 2025<br>Saline Nasal Spray on 3/1/25 at 8am;<br>Sertraline 100mg on 3/1/25 at 8am;<br>Carb/Levo 25mg/100mg on 3/1/25 at 8am;<br>Oxybutynin ER 10mg on 3/1/25 at 8am;<br>Clindamycin 1 % solution on 3/1/25 at 8am;<br>Baclofen 10mg on 3/1/25 at 8am;<br>Fiber-Lax 625 mg on 3/1/25 at 8am;<br>Multivitamin on 3/1/25 at 8am;<br><br>April 2025<br>Saline Nasal Spray on 4/26/25 at 8am;<br>Sertraline 100mg on 4/26/25 at 8am;<br>Carb/Levo 25mg/100mg on 4/26/25 at 8am;<br>Oxybutynin ER 10mg on 4/26/25 at 8am;<br>Clindamycin 1 % solution on 4/26/25 at 8am;<br>Baclofen 10mg on 4/26/25 at 8am;<br>Fiber-Lax 625 mg on 4/26/25 at 8am;<br>Multivitamin on 4/26/25 at 8am.<br><br>Observations on 4/30/25 at approximately 1:43pm of Client #2's medication container revealed:<br>- All medications listed above were present.<br><br>Interview on 5/1/25 with Client #1 revealed:<br>- Staff administered medications; | V 118 | | |

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| V 118 | Continued From page 13<br>- Denied any missed doses of medications;<br>- Denied refusal of medications;<br>- "Take medications all the time to stay happy and healthy."<br><br>Interview on 5/1/25 with Client #2 revealed:<br>- Received medications daily.<br><br>Interview on 5/1/25 with Staff #1 revealed:<br>- Administered medications to clients;<br>- Denied medication errors.<br><br>Interview on 5/8/25 with Staff #2 revealed:<br>- Administered medications;<br>- Denied any medication errors.<br><br>Interview on 4/30/25 and 5/9/25 with the House Manager/Qualified Professional revealed:<br>- Reviewed MARs weekly;<br>- "I haven't looked at them (MARs) in about 2 weeks. I normally look at them once a week;"<br>- Pharmacy completed the MARs;<br>- Reviewed MARs after pharmacy filled them out;<br>- Reviewed MARs daily when a new employee started at facility.<br><br>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.<br><br>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 118 | | |
| V 366 | 27G .0603 Incident Response Requirements<br><br>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS | V 366 | | |

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| V 366 | Continued From page 14<br>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:<br>(1) attending to the health and safety needs of individuals involved in the incident;<br>(2) determining the cause of the incident;<br>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;<br>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;<br>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;<br>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and<br>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.<br>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.<br>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:<br>(1) immediately securing the client record by:<br>(A) obtaining the client record;<br>(B) making a photocopy; | V 366 | | |

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| V 366 | Continued From page 15<br>(C) certifying the copy's completeness; and<br>(D) transferring the copy to an internal review team;<br>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:<br>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;<br>(B) gather other information needed;<br>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and<br>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and<br>(3) immediately notifying the following:<br>(A) the LME responsible for the catchment | V 366 | | |

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| V 366 | Continued From page 16<br>area where the services are provided pursuant to Rule .0604;<br>(B) the LME where the client resides, if different;<br>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;<br>(D) the Department;<br>(E) the client's legal guardian, as applicable; and<br>(F) any other authorities required by law.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to implement written policies governing their response to Level I incidents affecting 2 of 2 audit clients (client #1, client #2). The findings are:<br><br>Review on 4/30/25 of the facility's incident reports from February 1, 2025- April 30, 2025 revealed: No Incident Reports or Risk/Cause/Analysis (RAC) for:<br>- Client #2 refused Clindamycin 1 % solution on 4/9/25;<br>- Client #2 refused Clindamycin 1% solution on 4/10/25;<br>- Client #2 refused Clindamycin 1% solution on 4/14/25;<br>- Client #2 refused Clindamycin 1% solution on 4/15/25;<br>- Client #2 refused Clindamycin 1% solution on 4/18/25; | V 366 | | |

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|---|---|---|---|---|
| V 366 | Continued From page 17<br>- Client #2 refused Clindamycin 1% solution on 4/19/25;<br>- Client #2 refused Clindamycin 1% solution on 4/20/25;<br>- Client #2 refused Clindamycin 1% solution on 4/23/25.<br><br>No Incident Reports or Risk/Cause/Analysis (RAC) for:<br>- Client #3 refused Ketoconazole 2% cream on 2/12/25;<br>- Client #3 refused Mupirocin 2% ointment on 2/12/25;<br>- Client #3 refused Cavilon Durable Barrier Cream on 2/12/25;<br>- Client #3 refused Ketoconazole 2% cream on 3/17/25;<br>- Client #3 refused Cavilon Durable Barrier Cream on 3/17/25;<br>- Client #3 refused Mepilex 6x6 foam dressing on 3/17/25;<br>- Client #3 refused Ketoconazole 2% cream on 3/18/25;<br>- Client #3 refused Cavilon Durable Barrier Cream on 3/18/25;<br>- Client #3 refused Ketoconazole 2% cream on 4/5/25;<br>- Client #3 refused Cavilon Durable Barrier Cream on 4/5/25;<br>- Client #3 refused Mepilex 6x6 foam dressing on 4/5/25;<br>- Client #3 refused Ketoconazole 2% cream on 4/6/25;<br>- Client #3 refused Cavilon Durable Barrier Cream on 4/6/25;<br>- Client #3 refused Mepilex 6x6 foam dressing on 4/6/25;<br>- Client #3 refused Ketoconazole 2% cream on 4/9/25;<br>- Client #3 refused Cavilon Durable Barrier | V 366 | | |

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| V 366 | Continued From page 18<br>Cream on 4/5925;<br>- Client #3 refused Mepilex 6x6 foam dressing on 4/9/25;<br>- Client #3 refused Ketoconazole 2% cream on 4/10/25;<br>- Client #3 refused Cavilon Durable Barrier Cream on 4/10/25;<br>- Client #3 refused Mepilex 6x6 foam dressing on 4/10/25;<br>- Client #3 refused Fluticasone 50 mcg nasal spray 4/10/25;<br>- Client #3 refused Ketoconazole 2% cream on 4/14/25;<br>- Client #3 refused Cavilon Durable Barrier Cream on 4/14/25;<br>- Client #3 refused Mepilex 6x6 foam dressing on 4/14/25;<br>- Client #3 refused Ketoconazole 2% cream on 4/15/25;<br>- Client #3 refused Cavilon Durable Barrier Cream on 4/15/25;<br>- Client #3 refused Mepilex 6x6 foam dressing on 4/15/25;<br>- Client #3 refused Ketoconazole 2% cream on 4/18/25;<br>- Client #3 refused Cavilon Durable Barrier Cream on 4/18/25;<br>- Client #3 refused Ketoconazole 2% cream on 4/19/25;<br>- Client #3 refused Cavilon Durable Barrier Cream on 4/19/25;<br>- Client #3 refused Mepilex 6x6 foam dressing on 4/19/25;<br>- Client #3 refused Ketoconazole 2% cream on 4/20/25;<br>- Client #3 refused Cavilon Durable Barrier Cream on 4/20/25;<br>- Client #3 refused Mepilex 6x6 foam dressing on 4/20/25;<br>- Client #3 refused Ketoconazole 2% cream on | V 366 | | |

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| V 366 | Continued From page 19<br>4/23/25;<br>- Client #3 refused Cavilon Durable Barrier Cream on 4/23/25;<br>- Client #3 refused Mepilex 6x6 foam dressing on 4/23/25.<br><br>Interview on 5/1/25 with Staff #1 revealed:<br>- Reported to the House Manager/Qualified Professional when client refused medication, called number in the manual and got received advise from the doctor;<br>- Was unaware to complete an incident report if a client refused a medication.<br><br>Interview on 5/9/25 with the House Manager/Qualified Professional revealed:<br>- Staff completed incident reports, when it happened on their shift;<br>- Planned to have all staff retrained in medication administration and incident reporting.<br><br>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 366 | | |
| V 367 | 27G .0604 Incident Reporting Requirements<br><br>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(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 | V 367 | | |

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| V 367 | Continued From page 20 | V 367 | | |

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.
(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

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| V 367 | Continued From page 21<br>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).<br>(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:<br>(1) medication errors that do not meet the definition of a level II or level III incident;<br>(2) restrictive interventions that do not meet the definition of a level II or level III incident;<br>(3) searches of a client or his living area;<br>(4) seizures of client property or property in the possession of a client;<br>(5) the total number of level II and level III incidents that occurred; and<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interviews the facility failed to ensure that incident reports were submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) | V 367 | | |

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| V 367 | Continued From page 22<br>responsible for the catchment areas where services were provided within 72 hours of becoming aware of the incident and failed to submit, upon request by LME/MCO other information obtained regarding the incident in IRIS (Incident Response Improvement System). The findings are:<br><br>Review on 4/30/25 and 5/6/25 of the IRIS reports from January 1, 2025- May 6, 2025 revealed:<br>- Allegations: "Staff was getting money out for [Client #2] to take with him on his community outing and noticed that his funds were missing. Staff contacted group home manager and their finding."<br>- Date of incident 1/24/25;<br>- Provider learned of incident on 1/24/25;<br>- Date Provider completed IRIS 2/14/25.<br>- Allegations: "Staff was getting money out for [Client #4] to take with him on his community outing and noticed that his funds were missing. Staff contacted group home manager and their finding."<br>- Date of incident 1/24/25;<br>- Provider learned of incident on 1/24/25;<br>- Date Provider completed IRIS 2/14/25.<br><br>Review on 4/30/25 of the IRIS report dated 4/25/25 for Client #3 revealed:<br>- Completed by the Qualified Professional;<br>- "Originally submitted "Resident reported that staff did not properly clean her after toileting. Resident attempted to communicate with staff multiple times but was ignored by staff and was transported to room as is. Resident complained to staff on the next shift about the incident. Incoming staff took resident to the bathroom and properly cleaned her while validating resident's concerns.<br>- Date provider Learned of Incident 4/25/25; | V 367 | | |

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| V 367 | Continued From page 23<br><br>- Incident Comment: Advocacy dated 4/28/25: "1. Please conduct and attach the internal investigation upon completion. 2. Please file a report with Division Health State (Service) Regulation(DHSR). Complete the HCPR Facility allegation Section in its entirety, List the Accused Staff Information, what is the status of the accused staff employment, also detail strategies that will be implemented to prevent incidents of a similar nature from occurring in the Incident Prevention section and attach HCPR letter. 3. Please file a report with Mecklenburg Co DSS (Department of Social Services) (Adult Protect Services). If the case is accepted, request a copy of the Notice to the Reporter letter and upload into IRIS. Please document Mecklenburg Co. DSS Intake social Worker first and last name, telephone number and date contacted in Authorities Contacted section. 4. What is Provider Agency intention for preventive measures which should include training (Client Rights, Abuse, Neglect and Exploitation (upon hiring and annually) and monitoring to ensure health and safety of all individuals supported. Please follow up with IRIS with any additional information as received. Reviewed attachment: IRA and medication list. What does IRA stand for?"<br><br>Review on 4/30/25 of the IRIS report dated March 26, 2025 for Client #1 revealed:<br>- Completed by Operations Manager;<br>- Date of Incident: 3/21/25;<br>- Date Provider Learned of Incident 3/25/25;<br>- Incident Comments: Advocacy 3/27/25" 1. Please conduct and attach the internal investigation upon completion. 2. Complete the HCPR Facility Allegations Section in its entirety, also detail strategies that will be implemented to prevent incidents of a similar nature from occurring in the Incident Prevention section and | V 367 | | |

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| V 367 | Continued From page 24<br>attach the HCPR letter. 3. Please document Mecklenburg Co DSS SW first and last name in the Authorities Contacted section. Please upload DSS outcome letter upon completion into IRIS and any updates. 4. What is Provider Agency intention for preventive measures which should include training (Client Rights, Abuse, Neglect and Exploitation (upon hiring and annually) and monitoring to ensure health and safety of all individuals supported. 5. Please follow up with IRIS with any additional information as received ..."<br>- Incident Comments: LME dated 3/27/25 " Please note the employment status of the accused staff while investigation is underway. Please upload a copy of the internal investigation once complete to include outcome , corrective measures, and next steps. Please complete the HCPR report in it entirety and ensure the Accused Staffing portion is updated with the outcome of the investigation. Please continue to update the report with any responses from DSS and/or HCPR; if any documentation is received, please upload it in IRIS."<br><br>Interview on 5/9/25 with the House Manager/Qualified Professional revealed:<br>- Competed IRIS reports;<br>- Was not trained how to complete an IRIS report;<br>- Operation Manager reviewed IRIS reports;<br>- Was not aware needed to follow up and update IRIS reports with requested information by local LME and Advocacy.<br><br>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days | V 367 | | |
| V 542 | 27F .0105(a-c) Client Rights - Client's Personal Funds | V 542 | | |

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| V 542 | Continued From page 25<br><br>10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS<br>(a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days.<br>(b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts.<br>(c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that:<br>(1) assure to the client the right to deposit and withdraw money;<br>(2) regulate the receipt and distribution of funds in a personal fund account;<br>(3) provide for the receipt of deposits made by friends, relatives or others;<br>(4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account;<br>(5) assure that a client's personal funds will be kept separate from any operating funds of the facility;<br>(6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client;<br>(7) provide for the issuance of receipts to persons depositing or withdrawing funds; and<br>(8) provide the client with a quarterly accounting of his personal fund account. | V 542 | | |

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| V 542 | Continued From page 26<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews the facility failed to provide clients adequate financial records on all transactions affecting funds on deposit in personal fund account, provide receipts to clients depositing or withdrawing funds and provide clients with a quarterly accounting of their personal fund account affecting 2 of 4 audited clients (#2, #4). The findings are:<br><br>Review on 5/2/25 and 5/7/25 of Client #2's record revealed:<br>- Admission date 5/2/24;<br>- Diagnoses Attention Deficit Hyperactivity Disorder, Unspecified Depressive Disorder Mild Intellectual Disability, Spastic Quadriplegic Cerebral Palsy, Heredity Hemorrhagic Telangiectasia;<br>- No evidence of managing and maintaining records of Client #2's personal fund as required;<br>- No evidence of the request for money management Agreement signed and dated by Legal Responsible Party (LRP);<br>- No evidence of quarterly accounting of Client #2's personal funds being provided to guardian;<br>- No evidence of receipts of deposits or withdraws of cash for Client #2's personal fund.<br><br>Review on 5/7/25 of Client #4's record revealed:<br>- Admission date 5/29/24;<br>- Diagnoses Intellectual Disability, moderate; Cerebral Palsy; Epilepsy<br>- A piece of paper labeled "[Client #4] Cash" with the following information: 100 was written at the top of the paper under the client's name. There was a list of 7 different restaurants and the amount spent at the restaurants totaled 64.72, movies 10.73 and haircut 25.00. There were no | V 542 | | |

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| V 542 | Continued From page 27<br>signatures or dates on the paper;<br>- No evidence of managing and maintaining records of Client #4's personal fund as required;<br>- No evidence of the request for money management Agreement signed and dated by Legal Responsible Party (LRP);<br>- No evidence of quarterly accounting of client #4's personal funds being provided to guardian;<br>- No evidence of receipts of deposits or withdraws of cash for Client #4's personal fund.<br><br>Review on 5/6/25 of the facility's incident reports from January 1, 2025- May 6, 2025 revealed:<br>- On 1/24/25 community network staff discovered money was missing from Client #2's and Client #4's personal fund;<br>- An internal investigation was completed;<br>- No staff was identified in investigation;<br>- Provider returned money to the clients.<br><br>Interview on 5/8/25 with the Legal Guardian of Client #2 revealed:<br>- Provided $90.00 each month to the House Manager/Qualified Professional;<br>- Client #2's money is kept in a locked box;<br>- Did not sign any forms when depositing money into personal fund for client #2;<br>- Did not sign any agreement with the provider to manage client #2's personal funds;<br>- Money was "stolen or misplaced" in January," I was reimbursed."<br><br>Interview on 5/8/25 with the Legal Guardian of Client #4 revealed:<br>- Provide money whenever it is needed;<br>- Provided $100.00 for activities and going out to eat;<br>- Provided another $100.00 when Client #4's money gets low to $50.00;<br>- Did not sign any forms when depositing money | V 542 | | |

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| V 542 | Continued From page 28 | V 542 | | |

into personal funds for Client #4;
- Did not sign any agreement with the provider to manage Client #4's personal funds;
- "They had a big time investigation when they money was stolen;"
- "They gave me the money back and I gave it back to them" from the missing money investigation.

Interview on 5/7/25 with the Community Network staff revealed:
- Worked with Client #2 and Client #4;
- Client #4's legal guardian supplied money and it was put into the book;
- Client #2 's provided money for him, "only gave money once"
- Didn't remember what happened when notice money was missing in January from Client #2 and Client #4;
- Client #4's pouch was opened;
- Reported to the House Manager/Qualified Professional that "money was taken out"
- "I can't give any more details, that is all I remember."

Interview on 5/9/25 with the House Manager/Qualified Professional revealed:
- Investigated the missing money that was reported on 1/24/25;
- Never figured out what happened to the money;
- Community Network is the only other staff with a key for the locked box for Client #2 and Client #4's personal fund;
- Created a form to keep record of client #2 and Client #4's personal funds;
- Noone has used the form created;
- Did not know Provider already had a form that was to be used to record the personal funds for Client #2 and Client #4;
- Was not trained in policy and procedure for

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| V 542 | Continued From page 29<br>Money Management Support and Residential Financial Process. | V 542 | | |