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V 000	INITIAL COMMENTS An Annual survey was completed on September 12, 2025. Deficiencies were cited. This facility is licensed for the following service: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and has a current census of 3. 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 review and interviews, the facility failed to ensure 1 of 3 audited staff (staff #1) were currently trained in Cardiopulmonary Resuscitation (CPR) and First Aid. The findings are: Review on 09/12/25 of staff #1's personnel record revealed: -Hire Date: 10/25/24 -Job Title: Residential Aide/Weekend Manager -No current CPR/First Aid training. During interview on 09/12/25 staff #1 revealed: -She had been working in the facility for approximately 3 months. -She had training in First And and CPR from previous jobs. -She would send a copy to the executive director. -She worked the shift alone. Interview on the 09/12/25 the Executive Director revealed: -One staff worked each shift. -Staff #1's original date of hire was 10/25/24. -She had returned from a leave of absence on 07/11/25. -Staff #1 had First Aid and CPR from her previous jobs and the training was current.	V 108		

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V 108	Continued From page 2 -Staff #1 was going to request a copy of her First Aid and CPR from her instructor and provide the documentation for her employee file.	V 108		
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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and repeated on each shift. The findings are: Review on 09/10/25 of the facility's records for fire and disaster drills between 07/01/24 - 06/30/25 revealed: -No fire drill or disaster drill was held on 1st shift during the 2nd quarter (April 2025 - June 2025). -No fire drill was held on 2nd shift during the 3rd	V 114		

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quarter (July 2024 - September 2024).
-No disaster drill was held on 1st shift during the 4th quarter (October 2024 - December 2024).

Interview on 09/11/25 client #1 stated:
-She participated in Fire and disaster drills.
-The fire and disaster drills occurred monthly.
-She would go outside and away from the house for fire drills.
-She would go to the bathroom for tornado drills.

Interview on 09/11/25 client #2 revealed:
-The facility completed fire and disaster drills monthly
-They would go in the bathroom for tornado drills.
-They would go outside for fire drills.

Interview on 09/11/25 client #3 revealed:
-She participated in fire and disaster drills.
-Fire and disaster drills occurred every month.
-She would go outside to the front of the house for fire drills.
-She would go to the bathroom for tornado drills.

Interview on 09/12/25 staff #1 revealed:
-The facility completed fire and disaster drills on a monthly basis.
-The clients would go towards the driveway and away from the home during a fire drill.
-The clients would go towards the back hallway and away from windows during a disaster drill.
-She had not conducted fire or disaster drills since she had been back to the facility in July, 2025.

Interview on 09/11/25 the Project Manager revealed:
-Fire drills were completed completed monthly.

Interview on 09/12/25 the Clinical Director

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V 114	Continued From page 4 revealed: -The facility's shifts were: 1st shift Monday 2:00pm thru Friday at 9:00am and 2nd shift (Weekend) Friday 2:00 pm thru Monday 9:00 am. -Fire and disaster drills were conducted monthly. -The drills were alternated monthly by facility staff. -She had developed a schedule for staff to follow. -Staff had not been following the schedule provided.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118		

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V 118	Continued From page 5 (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 keep the MARs current affecting 3 of 3 clients (#1, #2, and #3). The findings are: Finding #1: Review on 09/10/25 of client #1's record revealed: -Date of admission: 12/04/93 -Diagnoses of Schizoaffective Disorder - Bipolar Type, and Mild Intellectual Developmental Disabilities. -FL2 dated 02/18/25 for Benztropine 0.5 mg. Take one tablet daily by mouth 3 times daily for Parkinson's Disease. -FL2 dated 02/18/25 for Refresh Optiv advanced PF SOL. Instill 1 drop in both eyes four times daily. -Review on 09/10/25 of client #1's July 2025 MAR and August 2025 MAR revealed: -There were no staff initials to indicate Benztropine was administered on 07/18/25 and 8/25/25 at 8am. -There were no staff initials to indicate Refresh Optiv advanced PF SOL was administered on 8/18/25 at 8am. Interview on 09/10/25 client #2 stated that staff	V 118		

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V 118	Continued From page 6 administered her medications daily as ordered by the physician. Finding #2: Review on 09/10/25 of client #2's record revealed: -Date of admission: 04/05/10 -Diagnoses of Psychotic Disorder -Not Otherwise Specified (NOS), Moderate Intellectual Developmental Disabilities, and Hypertension. -FL2 dated 04/13/25 for Benztropine 1 mg. Take 1 tab every day at 8am for involuntary movements. -Review on 09/10/25 of client #2's July 2025 and August 2025 MAR revealed there were no staff initials to indicate Benztropine was administered on 07/31/25 at 8pm. Interview on 09/10/25 client #2 stated that staff administered her medications daily as ordered by the physician. Finding #3: Review on 09/10/25 of client #3's record revealed: -Date of admission: 03/11/16 -Diagnoses of Unspecified Mood Disorder, Moderate Intellectual Developmental Disabilities, and Unspecified Psychosis. -FL2 dated 02/18/25 for Farxiga 10 mg tablet. Take one tablet by mouth every morning for Type 2 diabetes -FL2 dated 02/18/25 for Refresh Reli Drop 0.5-0.9%. Instill 1 drop into each eye every morning for dry eyes. -Review on 09/10/25 of client #3's July 2025 MAR revealed: -There were no staff initials to indicate Farxiga	V 118		

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V 118	Continued From page 7 was administered on 07/21/25 at 8am. -There were no staff initials to indicate Refresh Reli Drop was administered on 07/31/25 at 8am. Interview on 09/10/25 client #3 stated that staff administered her medications daily as ordered by the physician. Interview on 09/12/25 staff #1 stated: - She had worked for the agency since 2018 or 2019. -She had medication training. - She administered medications daily as ordered. Interview on 09/11/25 the Project Manager stated: -She sometimes worked in the facility. -She had medication administration training. -There had been no issues with medications. Interview on 09/12/25 the Executive Director revealed:. - The clients received their medications as ordered by physician. -She checked behind staff to ensure the MARs were completed properly. -She would ensure staff completed MARs properly. 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 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a	V 131		

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V 131	Continued From page 8 health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete Health Care Personnel Registry (HCPR) check prior to hire for 1 of 3 audited staff (staff #1)). The findings are: Review on 09/12/25 of Staff #1's personnel record revealed: -Hire date: 10/25/24 -Position: Residential Aide/Weekend Manager -HCPR check for staff #1 was completed on 9/11/25. Interview on 09/12/25 the Executive Director revealed: -She was responsible for the submission of the HCPR. -Staff #1 did not have a HCPR prior to date of hire pf 10/25/24 or after her leave of absence return date of 06/11/25. -She would make sure that she had HCPR checks were completed prior to date of hire.	V 131		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE	V 536		

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V 536	Continued From page 9 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. (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;	V 536		

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(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);
(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

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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 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.

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V 536	Continued From page 12 (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 1 of 3 audited staff. The findings are: Review on 09/12/25 of personnel staff #1's record revealed: -Hire date: 10/25/24 -No documentation of a current annual training in alternatives to restrictive interventions. Review on 09/12/25 of an electronic correspondence from the National Crisis Intervention (NCI) Instructor to the Executive Director dated 09/11/25 revealed: -"NCI recertification (Recert) will be held Monday 15, at 12:00pm. Class material before and test afterward will be provided. Please inform staff #1 for her NCI Recert. thank you." Interview on 09/12/25 staff #1 revealed: -The facility did not use physical restrictive interventions.	V 536		

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V 536	Continued From page 13 -The facility used verbal de-escalation or give the clients their space. -She had previously completed an alternatives to restrictive intervention training but could not remember the name of the training. Interview on 09/12/25 the Executive Director revealed: -Staff #1 was scheduled for annual alternatives to restrictive interventions on 09/15/25 at 12:00pm.	V 536		