

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092290	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/08/2024
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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 5818 POOLE ROAD RALEIGH, NC 27610
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow up survey on October 8, 2024.	C 000		
C 231	<p>10A NCAC 13G .0801(b) Resident Assessment</p> <p>10A NCAC 13G .0801Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community resource.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 3 sampled residents (#1, #3) had assessments and care plans updated annually.</p> <p>The findings are:</p>	C 231		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 231	<p>Continued From page 1</p> <p>1. Review of Resident #1's FL-2 dated 09/23/24 revealed diagnoses included bilateral pulmonary embolism, schizophrenia, Aspergers syndrome, and psychosis.</p> <p>Review of Resident #1's Resident Register revealed an admission date of 07/18/22.</p> <p>Review of Resident #1's record revealed: -There was a care plan signed by the Primary Care Provider (PCP) on 08/04/22. -There were no additional care plans.</p> <p>Attempted telephone interview with the Administrator on 10/08/24 at 1:15pm was unsuccessful.</p> <p>Refer to interview with a medication aide (MA) on 10/08/24 at 10:15am.</p> <p>Refer to interview with the Owner on 10/08/24 at 1:00pm.</p> <p>2. Review of Resident #3's FL-2 dated 10/16/23 revealed diagnosis including schizophrenia, hypertension, and type II diabetes.</p> <p>Review of Resident #3's Resident Register revealed an admission date of 01/16/21.</p> <p>Review of Resident #3's record revealed -There was a care plan signed by the Primary Care Provider (PCP) on 07/28/22. -There were no additional care plans.</p> <p>Attempted telephone interview with the Administrator on 10/08/24 at 1:15pm was unsuccessful.</p> <p>Refer to interview with a medication aide (MA) on</p>	C 231		

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C 231	<p>Continued From page 2</p> <p>10/08/24 at 10:15am.</p> <p>Refer to interview with the Owner on 10/08/24 at 1:00pm.</p> <hr/> <p>Interview with a medication aide (MA) on 10/08/24 at 10:15am revealed:</p> <ul style="list-style-type: none"> -She did not know why the resident care plans were not updated. -The Administrator and owner were responsible for ensuring the resident records were completed. <p>Interview with the Owner on 10/08/24 at 1:00pm revealed:</p> <ul style="list-style-type: none"> -The Administrator was responsible for ensuring the resident records were updated. -She was aware residents required updated care plans annually. -She was not aware Resident #1's and Resident #3's care plans needed to be updated. -She checked behind the Administrator to ensure resident records were updated. -She had not reviewed the residents records recently. 	C 231		
C 254	<p>10A NCAC 13G .0903(c) Licensed Health Professional Support</p> <p>10A NCAC 13G .0903 Licensed Health Professional Support</p> <p>(c) The facility shall assure that participation by a registered nurse, occupational therapist, respiratory care practitioner, or physical therapist in the on-site review and evaluation of the residents' health status, care plan, and care provided, as required in Paragraph (a) of this Rule, is completed within 30 days after admission or within 30 days from the date a resident</p>	C 254		

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C 254	<p>Continued From page 3</p> <p>develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure a Licensed Health Professional Support (LHPS) assessment was completed at least quarterly for 1 of 3 sampled residents(#3)</p> <p>The findings are:</p> <p>Review of Resident #3's FL-2 dated 10/16/23 revealed diagnosis including schizophrenia, hypertension, and type II diabetes.</p> <p>Review of Resident #3's Resident Register revealed an admission date of 01/16/21.</p> <p>Review of Resident #2's record revealed: -The most recent Licensed Health Professional Support (LHPS) assessment was completed 05/29/24. -There was a task for medication administration through injections. -There was no subsequent LHPS evaluation for review.</p>	C 254		

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C 254	<p>Continued From page 4</p> <p>Interview with a medication aide (MA) on 10/08/24 at 10:15am revealed: -She did not know why the resident LHPS reviews were not updated. -The Administrator and owner were responsible for ensuring the resident records were completed.</p> <p>Interview with the Owner on 10/08/24 at 1:00pm revealed: -The Administrator was responsible for ensuring the resident records were updated. -She was aware residents required updated LHPS reviews quarterly. -She was not aware the resident's LHPS reviews needed to be updated. -She checked behind the Administrator to ensure resident records were updated. -She had not reviewed the resident's records recently.</p> <p>Attempted telephone interview with the Administrator on 10/08/24 at 1:15pm was unsuccessful.</p>	C 254		