

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-950</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/11/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ABUNDANT GRACE FAMILY CARE HOME INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5040 KAPLAN DRIVE</b> <b>RALEIGH, NC 27606</b>
--	---

(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
V 000	INITIAL COMMENTS  A follow up survey was completed on 5/11/18. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness	V 000		
V 500	27D .0101(a-e) Client Rights - Policy on Rights  10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S.	V 500		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-950</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/11/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ABUNDANT GRACE FAMILY CARE HOME INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5040 KAPLAN DRIVE</b> <b>RALEIGH, NC 27606</b>
--	---

(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
V 500	<p>Continued From page 1</p> <p>122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement a policy meeting general statute 122C-62 (b) (e) when restricting client rights for 6 of 6 clients (#1,#2, #4, #5, #6). The findings are:</p> <p>Observation on 5/10/18 at 10:30 AM the refrigerator and food cabinet had a pad lock on.</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-950</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/11/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ABUNDANT GRACE FAMILY CARE HOME INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5040 KAPLAN DRIVE</b> <b>RALEIGH, NC 27606</b>
--	---

(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
V 500	<p>Continued From page 2</p> <p>During interview on 5/10/18 Staff #1 stated:                      -Started locking the food up because of a client who takes food out and eats it in large amounts.                      -Trying to keep food locked up so they don't run out.                      -No one told him to lock the food up, "I just did it on my own."</p> <p>During interview on 5/10/18 the clients stated:                      -The refrigerator and cabinets had been locked since staff #1 started a few months ago.                      -Staff #1 started in February 2018.                      -One client does eat a lot, "Maybe that's why staff locked it."</p> <p>During interview on 5/10/18 The Qualified Professional (QP) stated:                      -Had not noticed the refrigerator or cabinets were locked.                      -Had been by the home multiple times and never noticed it locked.                      -Never told staff to lock them.                      -A new client was admitted at the end of April 2018 and he impulse with food and will eat an abundance at one time.</p>	V 500		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS                      (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-950</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/11/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ABUNDANT GRACE FAMILY CARE HOME INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5040 KAPLAN DRIVE</b> <b>RALEIGH, NC 27606</b>
--	---

(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
V 736	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the home was maintained in a safe, clean, attractive and orderly manner free from offensive odor. The findings are:</p> <p>Observation on 5/10/18 at 11:30 AM revealed the following in client bathroom: -The floor and walls were covered with patches of rust. -Wood around the frame of shower was rotted and crumbling off. -Shower was stained and extremely dirty. -Toilet was extremely dirty inside and around the toilet.</p> <p>Observation on 5/10/18 at 11:30 AM revealed the following in clients bedrooms: -Client #4 had no sheets on bed, the mattress cover was stained and dirty. -Client #2's and #5's room had a very strong odor.</p> <p>Observation on 5/10/18 at 11:30 AM revealed the following in the kitchen area: -Cabinets dirty, paint coming off and door knobs missing. -Back door screen broken out.</p> <p>During interview on 5/10/18 Staff #1 stated: -"I clean the bathroom everyday." -The clients use it and then it gets dirty within that day. -Assist clients in cleaning their rooms.</p> <p>During interview on 5/10/18 The Qualified Professional (QP) stated: -The bathroom floor had been repaired and</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-950</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/11/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ABUNDANT GRACE FAMILY CARE HOME INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5040 KAPLAN DRIVE</b> <b>RALEIGH, NC 27606</b>
--	---

(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
V 736	Continued From page 4  replaced. -Not sure why clients may not have sheets on their beds, the licensee buys them. -Their rooms smell due to not bathing. -There are still more repairs to be done in the home.	V 736		