

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL032-243	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R-C 11/27/2018
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NAME OF PROVIDER OR SUPPLIER  HOUSE OF CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5800 LAKE ELTON ROAD DURHAM, NC 27713
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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
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow-up survey was completed November 27, 2018. The complaint was substantiated (intake #NC00145387). There was a deficiency cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities</p>	V 000	<div style="border: 1px solid blue; padding: 5px; width: fit-content; margin: 10px auto;"> <p><b>RECEIVED</b></p> <p><small>By DHSR - Mental Health Lic. &amp; Cert. Section at 2:11 pm, Dec 12, 2018</small></p> </div>	
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with</p>	V 290	<p style="font-size: 1.2em; font-family: cursive;">See page 2</p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Signature]*

TITLE

*Director/owner*

(X6) DATE

*12/12/18*

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V 290	<p>Continued From page 1</p> <p>developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to supervise clients during community and social activities affecting one of three audited clients (#3). The findings are:</p> <p>Review on 11/27/18 of Client #3's record revealed: -Admission date of 6/9/03. -Diagnoses of Moderate Intellectual Developmental Disability, Diabetes and Chronic Otitis. -Treatment plan dated 2/1/18. -No unsupervised time allowed in the home or community.</p> <p>Interview on 11/14/18 with a Neighbor revealed: -On October 31, 2018 the community hosted a social activity for children in the neighborhood.</p>	V 290	<p>The Gp will train staff to closely supervise consumers during care at all times. Staff shall not lose sight of consumers. The Gp will lay more emphasis</p>	<p>O N g O I N g</p>

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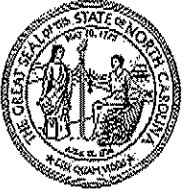
NAME OF PROVIDER OR SUPPLIER  
**HOUSE OF CARE, INC**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**5800 LAKE ELTON ROAD  
 DURHAM, NC 27713**

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V 290	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-Home owners participating in the activity had to turn lights on to show support for children to collect candy.</li> <li>-The group home had their lights on.</li> <li>-Children went to the group home for Halloween to collect candy.</li> <li>-Clients' in the group home took the children's candy instead of putting candy in the basket.</li> <li>-Children were crying.</li> <li>-Learned someone in the group home put money in the children's basket rather than candy.</li> <li>-Felt money was an exchange for candy.</li> <li>-Parents went to the group home to talk with staff that resulted into an argument.</li> <li>-Police were called and spoke with the group home.</li> </ul> <p>Interview on 11/27/18 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-She worked at the group home on October 31, 2018.</li> <li>-Confirmed clients initially were in the living room and then went outside.</li> <li>-She was not aware of turning lights off or on to determine Halloween participation.</li> <li>-Children came to the house and gave clients candy.</li> <li>-Confirmed client #3 grabbed and took a child's candy.</li> <li>-She denied any child was crying.</li> <li>-A couple came to the house about the incident.</li> <li>-She had a discussion with the couple about the incident.</li> <li>-She told clients not to accept candy from the children.</li> <li>-She told client #3 he was not supposed to take the child's candy and told to return it.</li> <li>-She reported being outside the home when client #3 grabbed a child's candy.</li> <li>-Confirmed that she put \$1 dollar in a child's basket.</li> </ul>	V 290	<p><i>On supervision during monthly review of staff</i></p>	<p><i>04 9 0 1 9</i></p>

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V 290	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-The police came to the group home.</li> <li>-She talked with the officer and showed him a piece of candy children gave to the clients.</li> <li>-The police asked her to turn off the house lights if they were not participating in the Halloween activity and left.</li> <li>-She informed the Director about the incident.</li> </ul> <p>Interview on 11/27/18 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>-She was not aware of the incident until the survey.</li> <li>-She learned today staff #1 witnessed client #3 grabbing a child's candy during the community activity.</li> <li>-Client #3 did not have unsupervised time in the community or home.</li> <li>-Confirmed client #3 should have been closely monitored.</li> </ul>	V 290		



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

December 3, 2018

Ms. Ogo A. Emodi-Onwuka, Director/Owner  
House of Care, Inc.  
3500 Westgate Drive, Suite 103  
Durham, NC 27707

Re: Compliant and Follow-up Survey Completed November 27, 2018  
House of Care, Inc., 5800 Lake Elton Road, Durham, NC 27713  
MHL #032-243  
E-mail Address: [houseofcare2@wmconnect.com](mailto:houseofcare2@wmconnect.com)  
Intake #NC00145387

Dear Ms. Emodi-Onwuka:

Thank you for the cooperation and courtesy extended during the complaint and follow-up survey completed November 27, 2018. The complaint was substantiated.

As a result of the follow-up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. An additional deficiency was cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- The tag cited is standard level deficiency.

**Time Frames for Compliance**

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is January 26, 2019.

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603  
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718  
[www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr) • TEL: 919-855-3795 • FAX: 919-715-8078

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