

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-955</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R 11/21/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VICTORY HEALTHCARE SERVICES 2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1421 PJ FARMS LANE RALEIGH, NC 27603</b>
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V 000	<b>INITIAL COMMENTS</b>  An annual and follow up survey was completed on November 21, 2018. 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 112	<b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b>  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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.	V 112		11/11/19

DHSR-Mental Health  
JAN 11 2019  
Lic. & Cert. Section

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Calson* TITLE *Administrator* (X6) DATE *11/11/19*

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V 112	Continued From page 1  This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure two of three audited clients (#2, #4) had current treatment plans. The findings are:  Review on 11/21/18 of client #2's record revealed: -Admission date of 1/1/18 -Diagnoses of Schizophrenia and Bi-Polar Type. -Treatment Plan completed on 7/20/17.  Review on 11/21/18 of client #4's record revealed: -Admission date of 7/20/17. -Diagnoses of Schizophrenia and Hyperthyroidism. -Treatment Plan completed on 7/20/17.  During interview on 11/21/18 The licensee stated: -Not sure why there are not current treatment plans present in the record. -The Qualified Professional comes by monthly to check records and see the clients. -She may have completed them and not placed them in the records.	V 112	QP will ensure compliance by monthly reviews and documented on QP monthly check off sheets.	11/11/19
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan 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	V 114		

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V 114	<p>Continued From page 2</p> <p>shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure Fire and Disaster Drills were completed quarterly for each shift. The findings are:</p> <p>Review on 11/21/18 of Fire and Disaster Drill Log revealed:</p> <ul style="list-style-type: none"> <li>-Disaster Drills</li> <li>- "9/30/18-7:45 AM</li> <li>-10/18/18-6:30 PM</li> <li>-11/5/18-7:45 PM"</li> </ul> <p>Further review on 11/21/18 did not reveal any Fire Drills completed.</p> <p>During interviews on 11/20/18 and 11/21/18 Clients #1, #2, #3, #4, #5 and #6 stated:</p> <ul style="list-style-type: none"> <li>-They had not participated in Fire and Disaster Drills very often.</li> <li>-No drills had been completed in the midnight hours.</li> </ul> <p>During interview on 7/21/18 The Licensee stated:</p> <ul style="list-style-type: none"> <li>-Fire and Disaster Drills had been completed by staff.</li> <li>-Not sure why they had not been written down.</li> </ul>	V 114	<p>QP will ensure compliance by monthly reviews and documented on QP monthly check off sheet.</p>	11/1/19
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V 290	Continued From page 3	V 290		
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 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</p>	V 290		

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V 290	<p>Continued From page 4</p> <p>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 coordinate services for one of three audited clients (#6). The findings are:</p> <p>Review on 11/21/18 of client #6's record revealed: -Admission date of 7/2/18. -Diagnoses of Depression, Diabetes Type II and Hypertension.</p> <p>A. Review on 11/21/18 of Physician Order dated 9/17/18 of Lyrica 75 mg.</p> <p>Review on 11/21/18 of Medication Administration Record (MAR) for September, October and November 2018 revealed client #6 had refused Lyrica almost every day for those months.</p> <p>During interview on 11/21/18 Staff #1 stated: -Started working in August 2018 and client #6 had always refused the Lyrica because she said it makes her dizzy. -Client #6 will take the Lyrica on the weekend because she does not attend a day program on those days. -Had not informed the doctor of this refusal, just assumed it was ok for her to refuse it.</p>	V 290	<p>Qp will ensure compliance by monthly reviews documented on Qp monthly check off sheet.</p>	11/11/19
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V 290	<p>Continued From page 5</p> <p><b>B. Review of Physician order 7/5/18 "Check Blood Sugar BID (twice a day.)"</b></p> <p>During interview on 11/21/18 staff #1 stated:                      -Client #6 checks her blood sugar daily and it has been running "normal."                      -No instructions are present in the home or have been given to her as to what to do if blood sugar is low or high.                      -Not sure what blood sugar numbers should reach before contacting the doctor.</p> <p>During interview on 11/21/18 The licensee stated:                      -Not aware client #6 had been refusing her Lyrica, and will contact her doctor to discuss.                      -Not aware client #6 did not have instructions as to monitor her blood sugar, she had been stable since being admitted.</p>	V 290		
V 752	<p><b>27G .0304(b)(4) Hot Water Temperatures</b></p> <p><b>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</b></p> <p><b>(b) Safety:</b> Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p><b>(4)</b> In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by:                      Based on observation and interview the facility failed to ensure the water temperature was maintained between 100-116 degrees Fahrenheit. The findings are:</p>	V 752		

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V 752	<p>Continued From page 6</p> <p>Observation on 11/21/18 at 9:30 AM of all three client bathrooms revealed water temperature of 85 degrees Fahrenheit.</p> <p>During interview on 7/21/18 all clients stated: -The water temperature did not get very hot. -They would like to have the water turned up higher.</p> <p>During interview on 7/21/18 the Licensee stated: -He will have the water temperature checked to maintain the 100-116 Fahrenheit temperature.</p>	V 752	<p>QP will ensure compliance by monthly reviews and documented on QP monthly check off sheet.</p>	1/11/19