

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-759	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/25/2019
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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3509 ALLENDALE DRIVE RALEIGH, NC 27604
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed 1/25/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600 A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <ul style="list-style-type: none"> (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <ul style="list-style-type: none"> (A) documentation of physical disorders 	V 113		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 113	<p>Continued From page 1</p> <p>diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to assure a consent was signed granting permission to seek emergency medical care for 2 of 3 audited clients (#1). The findings are:</p> <p>Review on 1/25/19 of client #1's record revealed: - an admission date of 5/1/10 - diagnoses including Depressive Disorder - no evidence of a signed consent granting permission to seek emergency medical care</p> <p>During an interview on 1/25/19, the Qualified Professional reported she did not locate client #1's signed consent.</p>	V 113		
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</p>	V 736		

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V 736	<p>Continued From page 2</p> <p>manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the governing body failed to assure the facility was maintained in a safe manner. The findings are:</p> <p>Observation on 1/25/19 of the facility between 1:20 and 1:35 PM revealed:</p> <ul style="list-style-type: none"> - an audible beeping sound coming from the smoke detectors in the upstairs bedroom area - an operating space heater on top of a dresser in client #5 and #6's bedroom, downstairs <p>During an interview on 1/25/19, the Manager reported she had recently changed the batteries in all the smoke detectors. The Manager further reported she placed the space heater in client #5 and client #6's room to assure their room was warm enough. The Manager reported she had gotten the space heater from her room.</p> <p>[This deficiency constitutes a recited rule area and must be corrected within 30 days.]</p>	V 736		
V 738	<p>27G .0303(d) Pest Control</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.</p>	V 738		

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V 738	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review, the governing body failed to assure the structure remained free of pests. The findings are:</p> <p>During an interview on 1/24/19, the Qualified Professional (QP) reported the facility had an issue the bedbugs during the last annual survey. The QP reported she was not sure if a maintenance contract with an exterminator was in place.</p> <p>During an interview on 1/25/19, the Manager reported an exterminator had treated the home for bedbugs and no bed bugs were in the home currently. The Manager could not locate a receipt for treatment from an exterminator.</p> <p>[This deficiency constitutes a recited rule area and must be corrected within 30 days.]</p>	V 738		